

**A STUDY ON
LEVEL OF USE OF DIFFERENT MEDICAL SYSTEM
BY THE PEOPLE OF BANGLADESH**

**Dissertation submitted for the Partial fulfillment of Bachelor of
Pharmacy, East West University, Dhaka, Bangladesh**

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CERTIFICATE

This is to certify that, the thesis “Level of use of different medical systems in Bangladesh” submitted to the Department of Pharmacy, East West University, 43, Mohakhali C/A, Dhaka; in partial fulfillment of the requirements for the degree of Bachelor of Pharmacy (B. Pharm) was carried out by Sadia Rahman (ID# 2005-2-70-012) under our guidance and supervision and no part of the thesis has been submitted for any other degree. We further certify that, all the sources of information and other facilities availed of in this connection is duly acknowledged.



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Dedicated to
MY PARENTS

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Abstract

Most of the times, the type and uses of different medicinal system are largely influenced by beliefs, effectiveness or potentiality of medication system, rapidity or duration of action, economical condition, educational level, folklore customs, the cultural habits, social practices and in many cases, superstitions of the people who prescribe or use them. Different types of medical systems are practiced in Bangladesh. These are allopathy, Ayurveda, Siddha, Unani or Hakimi, Homeopathy, Mogha shasrio, Acupuncture, Acupressure, Naturopathy, Faith healer (pir, fakir, bede or ojha) and family folk medicine. The allopathic system of modern medicine is more popular than the traditional mode, but authentic allopathic service is more expensive. Traditional medicine plays a very important role in Bangladesh, particularly at the primary health care level. On the other hand, most of the people of Bangladesh live under poverty line and often they don't take any treatment when they feel sick because they somehow can't afford it. To have the picture about the use of different medical system and what is the percentage of using different medical system and also find out the percentage of people who don't take any treatment or medicine, a survey program was conducted in different areas and slam of Dhaka city and urban and rural areas of Nobabgonj thana. The first part of the questionnaire was included information about which medicinal system you had been used in last three months for which disease, the cause of using that particular medical system, whether diseases were cured or not, to get those medication how much you spend, from whom you knew about these medical systems, whether it had been caused any side effect or not, do you think traditional or folk medicines are safer than modern medicine or not and also in the case of children are safer or not and the second part of the

questionnaire that was background which included respondents information such as **age**, gender, religion, monthly income, occupation and education level of respondents. Then a survey program was conducted on 800 persons. The present study **has** limitations since only Dhaka city and Nobabgonj thana areas were considered for the study and thus the results obtained are apparent but not exact for **the** national picture.

Chapter - 01

Introduction

1.0 Introduction:

There are certain things in life that are not in our control, for instance, an unexpected accident, an unwanted disease or an unwanted failure of any of our body parts. These are some of the cases when we understand the importance of medicine. Although medicine was there even in the medieval times but during that age the medical science was not so advanced. At that time, the medicine branch did not have solutions for so many diseases but now things have changed.

In the dawn of the history, man saw the patient as a victim of evil forces or of a god's anger, thus disease as punishment for sin. Diseases thus came in mysterious ways that called for super natural as well as natural countermeasures. The healing practitioner, be he a shaman or priest, best knew how to command the spirit and what substances from the natural world convey or reinforce the balancing power.

Thus through experiences over thousands of years, man came to medicines are more powerful to heal diseases. Today, medicine has the power of curing almost any disease, except a few that are still incurable. With the advent of medical sciences, we have started living a better and longer life. Medicine is one of the crucial necessities of life. Any medicine considered as indispensable for treatment of a disease. Drugs are substances of defined chemical nature and are produced synthetically or are obtained from natural sources such as plants.

In 1966, WHO provided a more comprehensive definition of drug- "Drug is any substance or product that is used or is intended to be used to modify or explore physiological system or pathological state for the beneficial of the recipient"^[1] The FD&C Act defines drugs, in part, by their intended use, as "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other

than food) intended to affect the structure or any function of the body of man or other animals" .[2]

Different types of medical systems are practiced in Bangladesh. These are allopathy, Ayurveda, Siddha, Unani or Hakimi, Homeopathy, Mogha shasrio, Acupuncture, Acupressure, Naturopathy, Faith healer (pir, fakir, bede or ojha) and family folk medicine.

Most of the times, the type and uses of different medicinal system are largely influenced by beliefs, effectiveness or potentiality of medication system, rapidity or duration of action, economical condition, educational level, folklore customs, the cultural habits, social practices and in many cases, superstitions of the people who prescribe or use them.

Allopathic or modern medicine has made incredible advances in the detection and treatment of many diseases, particularly those caused by infectious agents such as viruses and bacteria. In our lifetime, we have witnessed the worldwide elimination of smallpox, which killed millions of people. Other killer diseases, such as diphtheria and whooping cough, are now rare in modern countries. Besides allopathic system traditional, complementary and alternative system medicines are also very popular in Bangladesh. They are now practiced side by side with modern allopathic medicine as an alternative and supplementary system of medicine in Bangladesh. Complementary medicine is used together with conventional medicine and alternative medicine is used in place of conventional medicine. Majority of population are still using complementary and alternative medicine (CAM) in Bangladesh. Traditional medicine plays a very important role in Bangladesh, particularly at the primary health care level. On the other hand, most of the people of Bangladesh live under poverty line and often they don't

take any **treatment** when they feel sick. These because they somehow cant afford the **expenses of treatment** and they think that without taking treatment it can be cured. **Illiteracy, some** established thought often push them in danger.

1.1 Medical mythology:

Mythology refers to those events of past which do not have any proof, evidence or documents. It is a mere belief. **History** refers to those incidents or time period of past which **have** evidence, documents or proof.

There are three types of civilization in Mythology:

- a. Indian
- b. Greek
- c. Egyptian



I. Indian Medical Mythology:

Here the names of four persons are pronounced more. They are:

- a. Brahma
- b. Shiva
- c. Vaskar
- d. Aswini kumars

a. Brahma:

According to Indian mythology, Brahma is the creator of this universe. He is the source of all knowledge. He wrote a book named Veda, which contains all things about

knowledge. It should be noted that Brahma is a god and he designated another god for medical purpose. The name of this god is Shiva.

b. Shiva:

Shiva is the god of sun and moon. He is designated as a god of medicine by the god Brahma. After taking the responsibilities as a god of medicine, Shiva left the heaven and come down to earth for the treatment of human. In earth, Shiva took a place Himalaya but he did not live in a particular place. He used to roam around. His wife's name is Parvati, who is also a god. He used to take his wife with him. He used snake as ornaments and he always carried a stick in his hand named Trishul.

c. Vaskar:

After Shiva the name of Vaskar came. He is the god of sun. Shiva gave the responsibilities to the Vaskar. His wife's name is Sukannya.

d. Aswini Kumars:

Sons of Vaskars and Sukannya are Aswini Kumars (twin brothers). They learnt the work of medicine and treatment from their father. One of the twin brothers was Atreyo sampradaya and another was Dhanwantari Sampradaya. Atreyo Sampradaya was expert in Kaya Chikitsya (Kaya means body). Dhanwantari was expert in Sholyo Chikitsya (Sholyo means surgery).

At last it can be calculated that Indian mythology ends at the era of Aswini Kumars

II. Egyptian Medical Mythology:

According to Egyptian medical mythology Toth is the creator of the universe. He is the source of all knowledge. After Toth the name of Osiris and Horus came, they were very close friends and always used to stay together. Toth gave the responsibilities of medicine and treatment to Osiris and horus who are the god of sun and moon respectively. They used to carry a stick. They lived in a very far and distant place from the civilization or society. When people pray for their remedies then they came to them and delivered the required treatment. It should be noted that when they came to the people they used to wear a mask of jackal. In this way they continued their (Osiris and Horus) treatment.

After Mythology, we got the name of one human named Imhotep who belong to history. Imhotep was the royal physician of pharaohs Egypt in 2700 BC. It should be noted that Imhotep was not a god but human, thus the history of Egyptian medical starts from here.

III. Greek Medical Mythology:

Here Jupiter is considered as the creator of the universe and he is source of all knowledge. He gave the responsibilities of medical and treatment to Apollo, who is the god of sun and moon. But he is popular as moon god. As Apollo lived in heaven and the people to whom treatment was to be served lived in earth, that's why he gave the responsibilities of treatment to Asclepius and his daughter Hygia used. They used to live together in mountains and jungle. Asclepius and Hygia used snake as ornaments in hands, neck, head and waist. Asclepius used to carry a stick in his hand and told the patients to take leaves and seeds to get cure. He gave the required instructions to the patients for the preparation of medicine. Hygia observed the fact that it was very

difficult for the people to prepare proper dosage form. Thus she used to prepare the medicine accurately for the patients. She used to carry a cup in her hand that containing medicine. After Asclepius and Hygia, history of Greek medicine starts. In history the name of first medical person was Hippocrates (470 BC).

1.2 History of medicine

All human societies have medical beliefs that provide explanations for birth, death, and disease. Throughout history, illness has been attributed to witchcraft, demons, adverse astral influence, or the will of the gods. These ideas still retain some power, with faith healing and shrines still used in some places, although the rise of scientific medicine over the past millennium has altered or replaced many of the old beliefs.

1.2.1 General overview of the history of medicine

Prehistoric medicine

Although there is no record to establish when plants were first used for medicinal purposes (herbalism), the use of plants as healing agents is an ancient practice. Over time and with trial and error, over the generations a small knowledge base developed, as tribal culture developed into specialized areas. Shamans performed the 'specialized jobs' of healing.

Egyptian medicine

During three thousand years of history, Ancient Egypt developed a large, varied and fruitful medical tradition. Herodotus described the Egyptians as "the healthiest of all men, next to the Libyans", due to the dry climate and the notable public health

system that they possessed. According to him, "the practice of medicine is so specialized among them that each physician is a healer of one disease and no more." In the *Odyssey*, Homer describes Egypt as a land where "the earth, the giver of grain, bears greatest store of drugs" and where "every man is a physician." Although Egyptian medicine, to a good extent, dealt with the supernatural, it eventually developed a practical use in the fields of anatomy, public health, and clinical diagnostics. [3]

Medical information in the Edwin Smith Papyrus may date to a time as early as 3000 BC. The earliest known surgery in Egypt was performed in Egypt around 2750 BC. Imhotep in the 3rd dynasty is sometimes credited with being the founder of ancient Egyptian medicine and with being the original author of the Edwin Smith Papyrus, detailing cures, ailments and anatomical observations. The Edwin Smith Papyrus is regarded as a copy of several earlier works and was written circa 1600 BC. It is an ancient textbook on surgery almost completely devoid of magical thinking and describes in exquisite detail the examination, diagnosis, treatment, and prognosis of numerous diseases. [4]

Imhotep existed as a mythological figure until the end of the nineteenth century, when he was established as a real historical personage. The Egyptians did not perform major surgery as conducted today. They did make major developments in surgical knowledge and practice. Egyptians physicians are known to have performed some minor surgical operations however. The Papyrus Edwin Smith informs us of methods used to treat dislocated bones. Imhotep had reputation in bone joint, that's why he was known as bone physician. Egyptians used antiseptic to aid the healing process. Egyptians had a reasonable understanding of the functions of major organs. They knew that vessels carried blood around the body. In surgery pain alleviation necessary was known to ancient Egyptians physicians. Patients were sedated by opiates. Local

anesthesia was also known, where water was mixed with vinegar over Memphite stone, resulting in the formation of carbon dioxide with its known analgesic effect. This is not too far from modern analgesia.

As without cutting the skull, it is possible to take off the brain. Imhotep was done this thing. The process of emptying the through the nostrils by means of a long hook could never been possible without a good knowledge of the anatomy of the head and brain. The Ebers Papyrus describes the position of the heart precisely and illustrates some of its disorders. Egyptian physician recognized the heart as the source of blood vessels. The physiology of blood circulation was described in the Edwin Smith Papyrus, together with its relation to the heart as well as awareness of the importance of the pulse. However their inability to distinguish between blood vessels, nerves, tendons, and channels has limited their full understanding of physiology of circulation.

The Kahun Gynecological Papyrus treats women's complaints, including problems with conception. Thirty four cases detailing diagnosis and treatment survive, some of them fragmentarily. Dating to 1800 BC, it is the oldest surviving medical text of any kind. Medical institutions, referred to as Houses of Life are known to have been established in ancient Egypt as early as the 1st Dynasty. By the time of the 19th Dynasty some workers enjoyed such benefits as medical insurance, pensions and sick leave. The earliest known physician is also credited to ancient Egypt: Hesy-Ra, "Chief of Dentists and Physicians" for King Djoser in the 27th century BC. Also, the earliest known woman physician, Peseshet, practiced in Ancient Egypt at the time of the 4th dynasty. Her title was "Lady Overseer of the Lady Physicians." In addition to her supervisory role, Peseshet graduated midwives at an ancient Egyptian medical school in Sais. Thus the Egyptians were one of the first formally recognized civilizations to practice medicine in a systemic and well-documented manner. This ancient civilization and its

medicine reflect the modern approach to medical diagnosis and treatment. They documented their discoveries very specifically in the medical papyri by describing disease conditions, treatment and prognosis. Herbal remedies and surgical treatments were widely used. [3]

Babylonian medicine [3]

The oldest Babylonian texts on medicine date back to the Old Babylonian period in the first half of the 2nd millennium BC. The most extensive Babylonian medical text, however, is the Diagnostic Handbook written by the physician Esagil-kin-apli of Borsippa, during the reign of the Babylonian king Adad-apla-iddina (1069-1046 BC). Along with contemporary ancient Egyptian medicine, the Babylonians introduced the concepts of diagnosis, prognosis, physical examination, and prescriptions. In addition, the Diagnostic Handbook introduced the methods of therapy and etiology and the use of empiricism, logic and rationality in diagnosis, prognosis and therapy. The text contains a list of medical symptoms and often detailed empirical observations along with logical rules used in combining observed symptoms on the body of a patient with its diagnosis and prognosis.

The Diagnostic Handbook was based on a logical set of axioms and assumptions, including the modern view that through the examination and inspection of the symptoms of a patient, it is possible to determine the patient's disease, its aetiology and future development, and the chances of the patient's recovery. The symptoms and diseases of a patient were treated through therapeutic means such as bandages, creams and pills.

Greek and Roman medicine

Hippocratic Corpus, is a collection of around seventy early medical works from ancient Greece strongly associated with the ancient Greek physician Hippocrates and his teachings.

Medicine in Ancient Greece was influenced by Babylonian and Egyptian medicinal traditions. The ancient Greeks developed a humoral medicine system where treatment sought to restore the balance of humours within the body. A towering figure in ancient Greek medicine was the physician Hippocrates of Kos, considered the "father of modern medicine." The Hippocratic Corpus is a collection of around seventy early medical works from ancient Greece strongly associated with Hippocrates and his students. Most famously, Hippocrates invented the Hippocratic Oath for physicians, which is still relevant and in use today. [3]

Hippocrates, regarded as the father of modern medicine and his followers were first to describe many diseases and medical conditions. He is given credit for the first description of clubbing of the fingers, an important diagnostic sign in chronic suppurative lung disease, lung cancer and cyanotic heart disease. For this reason, clubbed fingers are sometimes referred to as "Hippocratic fingers". He accurately described the symptoms of disease and was the first physician to accurately describe the symptoms of pneumonia as well as epilepsy in children. He was also the first physician that held the belief that thoughts, ideas and feelings come from the brain not the heart as others of his believed. Hippocrates began to categorize illnesses as acute, chronic, endemic and epidemic, and use terms such as, "exacerbation, relapse, resolution, crisis, paroxysm, peak, and convalescence." Another of Hippocrates's major contributions may be found in his descriptions of the symptomatology, physical findings, surgical treatment and prognosis of thoracic empyema, i.e. suppuration of the

lining of the chest cavity. His teachings remain relevant to present-day students of pulmonary medicine and surgery. Hippocrates was the first documented chest surgeon and his findings are still valid. [5]

The Greek Galen was one of the greatest surgeons of the ancient world and performed many audacious operations—including brain and eye surgeries—that were not tried again for almost two millennia. Later, in medieval Europe, Galen's writings on anatomy became the mainstay of the medieval physician's university curriculum along; but they suffered greatly from stasis and intellectual stagnation. In the 1530s, however, Belgian anatomist and physician Andreas Vesalius took on a project to translate many of Galen's Greek texts into Latin. Vesalius's most famous work, *De humani corporis fabrica*, was greatly influenced by Galenic writing and form. Galen also discovered the new types of ointment without bad odor, staining and stickiness. These were prepared from animal's skin. He overcame the problem of using ointment. He also discovered washable ointment base. [3]

The Romans invented numerous surgical instruments, including the first instruments unique to women, as well as the surgical uses of forceps, scalpel, cautery, cross-bladed scissors, surgical needle, sound, and specula. Romans were also pioneers in cataract surgery. Medieval medicine was an evolving mixture of the scientific and the spiritual. In the early Middle Ages, following the fall of the Roman Empire, standard medical knowledge was based chiefly upon surviving Greek and Roman texts, preserved in monasteries and elsewhere. Ideas about the origin and cure of disease were not, however, purely secular, but were also based on a spiritual world view, in which factors such as destiny, sin, and astral influences played as great a part as any physical cause. Oribasius was the greatest Byzantine compiler of medical knowledge. Several of his works, along with many other Byzantine physicians, were translated into

Latin, and eventually, during the Enlightenment and Age of Reason, into English and French. The last great Byzantine Physician was Actuarius, who lived in the early 14th Century in Constantinople. [3]

Medicine was notably not one of the seven classical Artes liberales, and was consequently looked upon more as a handicraft than as a science. Medicine did, nevertheless, establish itself as a faculty, along with law and theology in the first European Universities from the 12th century. Rogerius Salernitanus composed his *Chirurgia*, laying the foundation for modern Western surgical manuals up to the modern time. The development of modern neurology began in the 16th century with Vesalius, who described the anatomy of the brain and much else; he had little notion of function, thinking that it lay mainly in the ventricles. [6]

Indian medicine

Medical science was one area where surprising advances had been made in ancient times in India. Specifically these advances were in the areas of plastic surgery, extraction of cataracts, dental surgery etc. These are not just all claims. There is documentary evidence to prove the existence of these practices.

Ayurveda (the science of living) is the literate, scholarly system of medicine that originated over 2000 years ago in India. Its two most famous texts belong to the schools of Charaka, born 800 BC and Susruta, 600 BC physician of Varanasi. The history of medicine in India starts with Charaka. In Indian civilization first historical figure is Charaka. Charakasamhita was written in Shongsrkiti. Then it was translated in English. According to the compendium of Charaka, the Charaka samhita, health and disease are not predetermined and life may be prolonged by human effort. At that time Charaka said that medicines are used for particular disease. Charakasamhita is the most

important book in ayurveda system. Charakasamhita classified medicines in to three sources: plant, animal and mineral. It provides us the formula how to prepare the medicine. We can get many treatments from this book. It also provides information about the equipment. The main equipment was Mortar and Pestle, which is the symbol of pharmacy. He also described which medicine should be taken in which type of mortar and pestle. He said acidic product should not be taken in metal mortar and pestle. We got a distillation design from Charaka.

In Indian medicine history after Charaka, came Shushruta. He was one of the first to study the human anatomy. The compendium of Susruta, the Susrutasamhita defines the purpose of medicine to cure the diseases of the sick, protect the healthy, and to prolong life. The Susrutasamhita is notable for describing procedures on various forms of surgery, including the repair of torn ear lobes, perineal lithotomy, cataract surgery, and several other excisions and other surgical procedures Both these ancient compendia include details of the examination, diagnosis, treatment, and prognosis of numerous ailments.

Persian medicine

The practice and study of medicine in Persia has a long and prolific history. Persia's position at the crossroads of the East and the West frequently placed it in the midst of developments in both ancient Greek and Indian medicine.

Muhammad Ibn Zakariya Al-Razi, for example, became the first physician to systematically use alcohol in his practice as a physician. The medicines were based on only plants at that time. Al-Razi told that chemical compound has therapeutic effect. The chemical compounds discovered by Al-Razi although not very much in number but he opened a new door for treatment. The Comprehensive Book of Medicine (Large

Comprehensive, Hawi, "al-Hawi" or "The Continenence") was written by the Iranian chemist Al-Razi, the "Large Comprehensive" was the most sought after of all his compositions. In it, Al-Razi recorded clinical cases of his own experience and provided very useful recordings of various diseases. The "Kitab fial-jadari wa-al-hasbah" by Al-Razi, with its introduction on measles and smallpox was also very influential in Europe.

Ibn Sina, Persian physician and philosopher. He wrote many philosophical books but his great legacy to medicine was his Canon of Medicine (Al-Qanun), a vast encyclopedia in which he attempted to correlate the views of Hippocrates, Galen. The Qanun gives a scientific diagnosis of ankylostomiasis and attributes the condition to an intestinal worm. The Qanun points out the influence of climate and environment on health and the surgical use of oral anesthetics. Ibn Sina advised surgeons to treat cancer in its earlier stage, ensuring the removal of all the diseased tissue. He has many contributions. One of them is the today's syrup. Ibn Sina discovered syrup by his theory. His theory was that, the medicine must look nice, good and also have efficacy. The medicine should be attractive, pleasant and smell good. Last three things were not discovered before Ibn Sina. He told that patient take medicine due to illness, thus it should be attractive.

Chinese medicine [3]

China also developed a large body of traditional medicine. Much of the philosophy of traditional Chinese medicine derived from empirical observations of disease and illness by Taoist physicians and reflects the classical Chinese belief that individual human experiences express causative principles effective in the environment at all scales. These causative principles, whether material, essential, or mystical, correlate as the expression of the natural order of the universe.

The foundational text of Chinese medicine is the Huangdi neijing, or Yellow Emperor's Inner Canon, which is composed of two books: the Suwen ("Basic Questions") and the Lingshu ("Divine Pivot"). Although the Neijing has long been attributed to the mythical Yellow Emperor (twenty-seventh century BC), Chinese scholars started doubting this attribution as early as the eleventh century and now usually date the Neijing to the late Warring States period (5th century-221 BC). Because the medical "silk manuscripts" dating from around 200 BC that were excavated in the 1970s from the tomb of a Han-dynasty noble in Mawangdui are undoubtedly ancestors of the received Neijing, scholars like Nathan Sivin now argue that the Neijing was first compiled in the 1st century BC. In 56 BC, Zhang Liang invented an instrument named "Meng" which is considered to be precursor of modern stethoscope.

During the Han dynasty, Zhang Zhongjing, who was mayor of Changsha near the end of the second century A.D., wrote a Treatise on Cold Damage, which contains the earliest known reference to the Neijing Suwen. The Jin Dynasty practitioner and advocate of acupuncture and moxibustion, Huangfu Mi (215-282 A.D), also quotes the Yellow Emperor in his Jiayi jing, ca. 265 A.D. During the Tang Dynasty, Wang Bing claimed to have located a copy of the originals of the Suwen, which he expanded and edited substantially. This work was revisited by an imperial commission during the eleventh century A.D., and the result is our best extant representation of the foundational roots of traditional Chinese medicine.

Islamic medicine [3][7]

The Islamic civilization rose to primacy in medical science as Muslim physicians contributed significantly to the field of medicine, including anatomy, ophthalmology, pharmacology, pharmacy, physiology, surgery, and the pharmaceutical sciences. The Arabs further developed Greek and Roman medical practices. Galen and Hippocrates

were pre-eminent authorities. The translation c.830-870 of 129 works of ancient Greek physician Galen into Arabic by Hunayn ibn Ishaq and his assistants, and in particular Galen's insistence on a rational systematic approach to medicine, set the template for Islamic medicine, which rapidly spread throughout the Arab Empire. Muslim physicians set up some of the earliest dedicated hospitals, which later spread to Europe during the Crusades, inspired by the hospitals in the Middle East. [7]

Al-Kindi wrote *De Gradibus*, in which he demonstrated the application of mathematics to medicine, particularly in the field of pharmacology. This includes the development of a mathematical scale to quantify the strength of drugs, and a system that would allow a doctor to determine in advance the most critical days of a patient's illness. Razi (Rhazes) (865-925) recorded clinical cases of his own experience and provided very useful recordings of various diseases. His *Comprehensive Book of Medicine*, which introduced measles and smallpox, was very influential in Europe. In his *Doubts about Galen*, Razi was also the first to prove the theory of humorism false using an experimental method.

Abu al-Qasim (Abulcasis), regarded as the father of modern surgery, wrote the *Kitab al-Tasrif* (1000), a 30-volume medical encyclopedia which was taught at Muslim and European medical schools until the 17th century. He used numerous surgical instruments, including the instruments unique to women, as well as the surgical uses of catgut and forceps, the ligature, surgical needle, scalpel, curette, retractor, surgical spoon, sound, surgical hook, surgical rod, and specula, bone saw, and plaster.

Ibn Sina (Avicenna), considered the father of modern medicine and one of the greatest thinkers and medical scholars in history, wrote *The Canon of Medicine* (1020) and *The Book of Healing* (11th century), which remained standard textbooks in both Muslim and European universities until the 17th century. Ibn Sina's contributions

include the introduction of systematic experimentation and quantification into the study of physiology, the discovery of the contagious nature of infectious diseases, the introduction of quarantine to limit the spread of contagious diseases, the introduction of experimental medicine and clinical trials, the first descriptions on bacteria and viral organisms, the distinction of mediastinitis from pleurisy, the contagious nature of phthisis and tuberculosis, the distribution of diseases by water and soil, and the first careful descriptions of skin troubles, sexually transmitted diseases, perversions, and nervous ailments and the separation of medicine from pharmacology, which was important to the development of the pharmaceutical sciences.

In 1021, Ibn al-Haytham (Alhacen) made important advances in eye surgery, as he studied and correctly explained the process of sight and visual perception for the first time in his *Book of Optics* (1021). In 1242, Ibn al-Nafis was the first to describe pulmonary circulation and coronary circulation, which form the basis of the circulatory system, for which he is considered the father of the theory of circulation. He also described the earliest concept of metabolism, and developed new systems of physiology and psychology to replace the Avicennian and Galenic systems, while discrediting many of their erroneous theories on the four humours, pulsation, bones, muscles, intestines, sensory organs, bilious canals, esophagus, stomach, etc.

Ibn al-Lubudi (1210-1267) rejected the theory of four humours, discovered that the body and its preservation depend exclusively upon blood, rejected Galen's idea that women can produce sperm, and discovered that the movement of arteries are not dependent upon the movement of the heart, that the heart is the first organ to form in a fetus' body (rather than the brain as claimed by Hippocrates), and that the bones forming the skull can grow into tumors. Maimonides, although a Jew himself, made various contributions to Islamic medicine in the 13th century.

The Tashrih al-badan (Anatomy of the body) of Mansur ibn Ilyas (c. 1390) contained comprehensive diagrams of the body's structural, nervous and circulatory systems. During the Black Death bubonic plague in 14th century al-Andalus, Ibn Khatima and Ibn al-Khatib discovered that infectious diseases are caused by microorganisms which enter the human body. Other medical innovations first introduced by Muslim physicians include the discovery of the immune system, the introduction of microbiology, the use of animal testing, and the combination of medicine with other sciences (including agriculture, botany, chemistry, and pharmacology), as well as the invention of the injection syringe by Ammar ibn Ali al-Mawsili in 9th century Iraq, the first drugstores in Baghdad (754), the distinction between medicine and pharmacy by the 12th century, and the discovery of at least 2,000 medicinal and chemical substances.

Medieval and early modern European medicine [3]

In Western Europe, with the collapse of Roman imperial authority, medicine became localised; folk-medicine supplemented what remained of the medical knowledge of antiquity. Medical knowledge was preserved and practised in many monastic institutions, which often had a hospital attached. Organised professional medicine re-emerged, with the foundation of the medical college of Salerno in Italy in the 11th century, which in co-operation with the monastery of Monte Cassino, translated many Byzantine and Arabic works. In the twelfth century universities were founded in Italy and elsewhere, which soon developed schools of medicine. Gradually the reliance on the masters of the ancient world was augmented by the results of individual observation and experience. Surgical practice improved greatly during the medieval period. Rogerius Salernitanus composed his *Chirurgia*, which became the foundation for modern Western surgical manuals up to the modern time. With the

Renaissance came an increase in experimental investigation, principally in dissection and examining bodies. The work of individuals like Andreas Vesalius and William Harvey challenged accepted folklore with scientific evidence. The development of modern neurology began in the 16th century with Vesalius, who described the anatomy of the brain and much else; he had little notion of function, thinking that it lay mainly in the ventricles. Understanding and diagnosis improved but with little direct benefit to health. Few effective drugs existed, beyond opium and quinine. Folklore cures and potentially poisonous metal-based compounds were popular treatments.

Important figures:

- Oribasius, the greatest Byzantine compiler of medical knowledge.
- Theodoric Borgognoni, (1205-1296), one of the most significant surgeons of the medieval period, responsible for introducing and promoting important surgical advances including basic antiseptic practice and the use of anaesthetics.
- Guy de Chauliac, considered to be one of the earliest fathers of modern surgery, after the great Islamic surgeon, El Zahrawi.
- Realdo Colombo, anatomist and surgeon who contributed to understanding of lesser circulation.
- Michael Servetus, considered to be the first European to discover the pulmonary circulation of the blood.
- Ambroise Paré suggested using ligatures instead of cauterisation and tested the bezoar stone.
- William Harvey describes blood circulation.
- John Hunter, surgeon.
- Amato Lusitano described venous valves and guessed their function.

- Garcia de Orta first to describe Cholera and other tropical diseases and herbal treatments
- Percivall Pott, surgeon.
- Sir Thomas Browne physician and medical neologist.
- Thomas Sydenham physician and so-called "English Hippocrates."
- Andreas Vesalius Belgian physician, anatomist, "The father of modern anatomy".
- Actuarius, the last great Byzantine Physician, who lived in the early 14th century Constantinople.

Modern medicine [3]

Medicine was revolutionized in the 19th century and beyond by advances in chemistry and laboratory techniques and equipment, old ideas of infectious disease epidemiology were replaced with bacteriology and virology.

Bacteria and microorganisms were first observed with a microscope by Antonie van Leeuwenhoek in 1676, initiating the scientific field microbiology. Ignaz Semmelweis (1818-1865) in 1847 dramatically reduced the death rate of new mothers from childbed fever by the simple expedient of requiring physicians to clean their hands before attending to women in childbirth. His discovery pre-dated the germ theory of disease. However, his discoveries were not appreciated by his contemporaries and came into general use only with discoveries of British surgeon Joseph Lister, who in 1865 proved the principles of antiseptis in the treatment of wounds; However, medical conservatism on new breakthroughs in pre-existing science prevented them from being generally well received during the 19th century.

After Charles Darwin's 1859 publication of *The Origin of Species*, Gregor Mendel (1822-1884) published in 1865 his books on pea plants, which would be later known as

Mendel's laws. Re-discovered at the turn of the century, they would form the basis of classical genetics. The 1953 discovery of the structure of DNA by Watson and Crick would open the door to molecular biology and modern genetics. During the late 19th century and the first part of the 20th century, several physicians, such as Nobel prize winner Alexis Carrel, supported eugenics, a theory first formulated in 1865 by Francis Galton. Eugenics was discredited as a science after the Nazis' experiments in World War II became known; however, compulsory sterilization programs continued to be used in modern countries (including the US, Sweden and Peru) until much later.

Semmelweis's work was supported by the discoveries made by Louis Pasteur. Linking microorganisms with disease, Pasteur brought about a revolution in medicine. He also invented with Claude Bernard (1813-1878) the process of pasteurization still in use today. His experiments confirmed the germ theory. Claude Bernard aimed at establishing scientific method in medicine; he published *An Introduction to the Study of Experimental Medicine* in 1865. Beside this, Pasteur, along with Robert Koch (who was awarded the Nobel Prize in 1905), founded bacteriology. Koch was also famous for the discovery of the tubercle bacillus (1882) and the cholera bacillus (1883) and for his development of Koch's postulates.

The participation of women in medical care (beyond serving as midwives, sitters and cleaning women) was brought about by the likes of Florence Nightingale. These women showed a previously male dominated profession the elemental role of nursing in order to lessen the aggravation of patient mortality which resulted from lack of hygiene and nutrition. Nightingale set up the St Thomas hospital, post-Crimea, in 1852. Elizabeth Blackwell (1821-1910) became the first woman to formally study, and subsequently practice, medicine in the United States. It was in this era that actual cures were developed for certain endemic infectious diseases. However the decline in many

of the most lethal diseases was more due to improvements in public health and nutrition than to medicine. It was not until the 20th century that the application of the scientific method to medical research began to produce multiple important developments in medicine, with great advances in pharmacology and surgery.

During the 1910s, medicine was closely related to church in most of Europe including the United Kingdom. Most doctors took permission of the church before prescribing any medicine to patients. Before surgeries, permission of the church was mandatory. During the First World War, Alexis Carrel and Henry Dakin developed the Carrel-Dakin method of treating wounds with irrigation, Dakin's solution, a germicide which helped prevent gangrene. The Great War spurred the usage of Roentgen's X-ray, and the electrocardiograph, for the monitoring of internal bodily functions. This was followed in the inter-war period by the development of the first anti-bacterial agents such as the sulpha antibiotics. The Second World War saw the introduction of widespread and effective antimicrobial therapy with the development and mass production of penicillin antibiotics, made possible by the pressures of the war and the collaboration of British scientists with the American pharmaceutical industry.

Lunatic asylums began to appear in the Industrial Era. Emil Kraepelin (1856-1926) introduced new medical categories of mental illness, which eventually came into psychiatric usage despite their basis in behavior rather than pathology or etiology. In the 1920s surrealist opposition to psychiatry was expressed in a number of surrealist publications. In the 1930s several controversial medical practices were introduced including inducing seizures (by electroshock, insulin or other drugs) or cutting parts of the brain apart (leucotomy or lobotomy). Both came into widespread use by psychiatry, but there were grave concerns and much opposition on grounds of basic morality, harmful effects, or misuse. In the 1950s new psychiatric drugs, notably the antipsychotic

chlorpromazine, were designed in laboratories and slowly came into preferred use. Although often accepted as an advance in some ways, there was some opposition, due to serious adverse effects such as tardive dyskinesia. Patients often opposed psychiatry and refused or stopped taking the drugs when not subject to psychiatric control. There was also increasing opposition to the use of psychiatric hospitals, and attempts to move people back into the community on a collaborative user-led group approach ("therapeutic communities") not controlled by psychiatry. Campaigns against masturbation were done in the Victorian era and elsewhere. Lobotomy was used until the 1970s to treat schizophrenia. This was denounced by the anti-psychiatric movement in the 1960s and later. With the advent of the evidence-based medicine and great advances of information technology the process of change is likely to evolve further, with greater development of international projects such as the Human genome project.

Human civilization and medical systems are inseparable. As man made his way through remote times or places, he shielded himself against disease as best as he could. Thus through experiences over thousands of years, man came to know how to heal diseases. Today, medicine has the power of curing almost any disease, except a few that are still incurable. With the advent of medical sciences, we have started living a better and longer life. Medicine is one of the crucial necessities of life.

1.3 Brief description of different medical system:

Descriptions are given as per the questionnaire fill up by the respondents and those are follows.



1.3.1 Allopathy

Allopathy is a term coined in the early 19th century by Samuel Hahnemann, the founder of homeopathy, as a synonym for mainstream medicine. It was used by homeopaths to highlight the difference they perceived between homeopathy and conventional medicine, and its use remains common among homeopaths. Allopathy (from Greek *állos*, other, different + *páthos*, suffering) .It meant "other than the disease" and it was intended, among other things, to point out how traditional doctors used methods that had nothing to do with the symptoms created by the disease and which, in Hahnemann's view, meant that these methods were harmful to the patients.

The distinction comes from the use in homeopathy of substances that cause similar effects as the symptoms of a disease to treat patients (homeo - meaning similar). The term allopathy was meant to contrast the homeopathic approach with those conventional medical treatments that are different from or which directly counter a patient's symptoms; hence the terms allopathic and antipathic. Homeopaths saw such symptomatic treatments as "opposites treating opposites". However, many conventional medical treatments do not fit this definition of allopathy, as they seek to prevent illness, or remove the cause of an illness by acting on the etiology of disease. The term allopathic was used throughout the 19th Century as a derogatory term for the practitioners of heroic medicine, a precursor to modern medicine that did not rely on evidence. The meaning and controversy surrounding the term can be traced to its original usage during a heated 19th-century debate between practitioners of homeopathy, and those they derisively referred to as "allopaths." The meaning implied by the label has never been accepted by conventional medicine, and is still being considered pejorative by some. [8]

Origin

The term allopathy was coined by the founder of homeopathy, Samuel Hahnemann, to differentiate homeopathic practices from conventional medicine of the day, based on the types of treatments used. Hahnemann used allopathy to refer to what he saw as a system of medicine that combats disease by using remedies that produce effects in a healthy subject that are different (hence Greek root allo- "different") from the effects produced by the disease to be treated. [8]

History [9]

As used by homeopaths, the term allopathy has always referred to the principle of curing disease by administering substances that produce other symptoms (when given to a healthy human) than the symptoms produced by a disease. For example, part of an allopathic treatment for fever may include the use of a drug which reduces the fever, while also including a drug (such as an antibiotic) that attacks the cause of the fever (such as a bacterial infection). A homeopathic treatment for fever, by contrast, is one that uses a diluted and succussed dosage of a substance that in an undiluted and unsuccussed form would induce fever in a healthy person. Hahnemann used this term to distinguish medicine as practiced in his time from his use of infinitesimally small doses of substances to treat the spiritual causes of illness. William T Jarvis, Ph.D., an expert on alternative medicine and public health, states that "although many modern therapies can be construed to conform to an allopathic rationale (eg, using a laxative to relieve constipation), standard medicine has never paid allegiance to an allopathic principle" and that the label "allopath" was "considered highly derisive by regular medicine."

The Companion Encyclopedia of the History of Medicine states that "Hahnemann gave an all-embracing name to regular practice, calling it 'allopathy'. This term, however imprecise, was employed by his followers or other unorthodox movements to identify the prevailing methods as constituting nothing more than a competing 'school' of medicine, however dominant in terms of number of practitioner proponents and patients." In the nineteenth century, some pharmacies labeled their products with the terms allopathic or homeopathic.

Contrary to the present usage, Hahnemann reserved the term of "allopathic" medicine to the practice of treating diseases by means of drugs inducing symptoms unrelated (i.e. neither similar nor opposite) to those of the disease. He called instead "enantiopathic" or "antipathic" the practice of treating diseases by means of drugs producing symptoms opposite to those of the patient. After Hahnemann's death the term "enantiopathy" fell in disuse and the two concepts of allopathy and enantiopathy have been more or less unified. Both, however, indicate what Hahnemann thought about contemporary conventional medicine, rather than the current ideas of his colleagues. Conventional physicians had never assumed that the therapeutic effects of drugs were necessarily related to the symptoms they caused in the healthy; e.g. James Lind in 1747 systematically tested several common substances and foods for their effect on scurvy and discovered that lemon juice was specifically active; he clearly did not select lemon juice because it caused symptoms in the healthy man, either similar or opposite to those of scurvy.

Practitioners of alternative medicine have used the term "allopathic medicine" to refer to the practice of conventional medicine in both Europe and the United States since the 19th century. In the US, this was also referred to as regular medicine — that is, medicine that was practiced by the regulars. The practice of "conventional" medicine in

both Europe and America during the 19th century is sometimes referred to as the age of 'heroic medicine' (because of the 'heroic' measures such as bleeding and purging).

Benefits of Allopathy

- Increase survival rate
- Disappearance of symptoms
- Number of episode over a fixed time
- Ensure quality of life
- Daily in improvement

Allopathic medicine give fast effect, therefore for all those with ailments which require fast cure, allopathic medicines are ideal. Allopathy is being used worldwide because of this feature of fast healing. Though this is true there are certain side effects associated with the allopathic medicines, which make these medicines harmful if taken for a prolonged period of time.

Though fast, other than the side effects allopathic medicine also have an effect of suppressing the illness rather than removing it such as antibiotic medicines. Allopathic medicines are made from chemicals not from plants. Each chemical has its own characteristic can prove to be harmful if not taken according to the prescription. Therefore allopathic medicine should be taken according to the advice of the doctor and not otherwise.

1.3.2 Ayurvedic Medicine

Ayurveda (the 'science of life') is a system of traditional medicine native to the Indian Subcontinent and practiced in other parts of the world as a form of alternative medicine. In Sanskrit, the word Ayurveda consists of the words āyus, meaning 'life',

and veda, meaning 'related to knowledge' or 'science'. Evolving throughout its history, Ayurveda remains an influential system of medicine in South Asia. The earliest literature of Ayurveda appeared during the Vedic period in India. The Sushruta Samhita and the Charaka Samhita were influential works on traditional medicine during this era. Ayurvedic practitioners also identified a number of medicinal preparations and surgical procedures for curing various ailments and diseases.

Ayurvedic medicine (also called Ayurveda) is one of the world's oldest medical systems. It originated in India and has evolved there over thousands of years. In the United States, Ayurvedic medicine is considered complementary and alternative medicine (CAM)—more specifically, a CAM whole medical system. Many therapies used in Ayurvedic medicine are also used on their own as CAM—for example, herbs, massage, and specialized diets. This fact sheet provides a general overview of Ayurvedic medicine and suggests sources for additional information. [10]

History [11]

Ayurveda, the science of life, prevention and longevity is the oldest and most holistic medical system available on the planet today. It was placed in written form over 5,000 years ago in India, it was said to be a world medicine dealing with both body and the spirit. Before the advent of writing, the ancient wisdom of this healing system was a part of the spiritual tradition of the Sanatana Dharma (Universal Religion), or Vedic Religion. VedaVyasa, the famous sage, shaktavesha avatar of Vishnu, put into writing the complete knowledge of Ayurveda, along with the more directly spiritual insights of self realization into a body of scriptural literature called the Vedas and the Vedic literatures.

There were originally four main books of spirituality, which included among other topics, health, astrology, spiritual business, government, army, poetry and spiritual living and behavior. These books are known as the four Vedas, they are

- Rigveda
- Yajurveda
- Samaveda
- Atharvaveda

The Rik Veda, a compilation of verse on the nature of existence, is the oldest surviving book of any Indo-European language (3000 B.C.). The Rik Veda (also known as Rig Veda) refers to the cosmology known as Sankhya which lies at the base of both Ayurveda and Yoga, contains verses on the nature of health and disease, pathogenesis and principles of treatment. The Atharva Veda lists the eight divisions of Ayurveda:

- Internal medicine,
- Surgery,
- Organic medicine,
- Pediatrics,
- Toxicology,
- Rejuvenating remedy,
- Aphrodisiac remedies and
- Spiritual healing.

The Vedic Sages took the passages from the Vedic Scriptures relating to Ayurveda and compiled separate books dealing only with Ayurveda. One of these books, called the Atreya Samhita is the oldest medical book in the world! The Vedic Brahmanas were not only priests performing religious rites and ceremonies; they also became Vaidyas

(physicians of Ayurveda). The sage-physician-surgeons of the time were the same sages or seers, deeply devoted holy people, who saw health as an integral part of spiritual life. It is said that they received their training of Ayurveda through direct cognition during meditation. In other words, the knowledge of the use of various methods of healing, prevention, longevity and surgery came through Divine revelation; there was no guessing or testing and harming animal. These revelations were transcribed from the oral tradition into book form, interspersed with the other aspects of life and spirituality. What is fascinating is Ayurveda's use of herbs, foods, aromas, gems, colors, yoga, mantras, lifestyle and surgery. Consequently Ayurveda grew into a respected and widely used system of healing in India. Around 1500 B.C., Ayurveda was delineated into eight specific branches of medicine. There were two main schools of Ayurveda at that time. Atreya- the school of physicians, and Dhanvantari - the school of surgeons. These two schools made Ayurveda a more scientifically verifiable and classifiable medical system

People from numerous countries came to Indian Ayurvedic schools to learn about this world medicine and the religious scriptures it sprang from. Learned men from China, Tibet, the Greeks, Romans, Egyptians, Afghanistanis, Persians, and more traveled to learn the complete wisdom and bring it back to their own countries. Ayurvedic texts were translated in Arabic and under physicians such as Avicenna and Razi Sempion, both of whom quoted Indian Ayurvedic texts, established Islamic medicine. This style became popular in Europe, and helped to form the foundation of the European tradition in medicine.

In 16th Century Europe, Paracelsus, who is known as the father of modern Western medicine, practiced and propagated a system of medicine which borrowed heavily from Ayurveda.

There are two main re-organizers of Ayurveda whose works are still existing in tact today - Charak and Sushrut. The third major treatise is called the Ashtanga Hridaya, which is a concise version of the works of Charak and Sushrut. Thus the three main Ayurvedic texts that are still used today are the Charak Samhita (compilation of the oldest book Atreya Samhita), Sushrut Samhita and the Ashtangha Hridaya Samhita. These books are believed to be over 1,200 years old. It is because these texts still contain the original and complete knowledge of this Ayurvedic world medicine, that Ayurveda is known today as the only complete medical system still in existence.

Treatment [12]

Ayurvedic treatment is tailored to each person's constitution. Practitioners expect patients to be active participants because many Ayurvedic treatments require changes in diet, lifestyle, and habits.

The patient's dosha balance- Ayurvedic practitioners first determine the patient's primary dosha and the balance among the three doshas by:

- Asking about diet, behavior, lifestyle practices, recent illnesses (including reasons and symptoms), and resilience (ability to recover quickly from illness or setbacks)
- Observing such physical characteristics as teeth and tongue, skin, eyes, weight, and overall appearance
- Checking the patient's urine, stool, speech and voice, and pulse (each dosha is thought to make a particular kind of pulse).

Treatment practices-

Ayurvedic treatment goals include eliminating impurities, reducing symptoms, increasing resistance to disease, and reducing worry and increasing harmony in the patient's life. The practitioner uses a variety of methods to achieve these goals:

Eliminating impurities-

To clean the body by eliminating ama by a process is known as Panchakarma. Ama is described as an undigested food that sticks to tissues, disturbs normal functioning of the body and leads to disease. Panchakarma focuses on eliminating ama through the digestive tract and the respiratory tract. Enemas, massage, medical oils administered in a nasal spray and others methods may be used.

Reducing symptoms-

The practitioner may suggest various options, including physical exercises, stretching, breathing exercises, meditation, massage, lying in the sun, and changing the diet. The patient may take certain herbs—often with honey, to make them easier to digest. Sometimes diets are restricted to certain foods. Very small amounts of metal and mineral preparations, such as gold or iron, also may be given.

Increasing resistance to disease-

The practitioner may combine several herbs, proteins, minerals, and vitamins in tonics to improve digestion and increase appetite and immunity.

Reducing worry and increasing harmony-

Ayurvedic medicine emphasizes mental nurturing and spiritual healing. Practitioners may recommend avoiding situations which cause worry.

Use of plants-

Ayurvedic treatments rely heavily on herbs and other plants—including oils and common spices. Currently, more than 600 herbal formulas and 250 single plant drugs are included in the “pharmacy” of Ayurvedic treatments. Historically, Ayurvedic medicine has grouped plant compounds into categories according to their effects (for example, healing, promoting vitality, or relieving pain). The compounds are described in texts issued by national medical agencies in India. Sometimes, botanicals are mixed with metals or other naturally occurring substances to make formulas prepared according to specific Ayurvedic text procedures; such preparations involve several herbs and herbal extracts and precise heat treatment. [12]

Thus the aim of Ayurvedic medicine is to integrate and balance the body, mind, and spirit. This is believed to help prevent illness and promote wellness. Ayurvedic medicine uses a variety of products and techniques to cleanse the body and restore balance. Some of these products may be harmful if used improperly or without the direction of a trained practitioner. For example, some herbs can cause side effects or interact with conventional medicines. Before using Ayurvedic treatment, ensure about the practitioner’s training and experience.

1.3.3 Siddha medicine



The Siddha medicine is a form of south Indian Tamil traditional medicine and part of the trio Indian medicines - ayurveda, siddha and unani. However Lord Sri Akshunna, a master of northern siddha tradition, says there is use of siddha medicine in the north Indian part or rather in Himalayan region as jhar phuk and siddha buti (medicine) tantra. This system of medicine was popular in ancient India, due to the

antiquity of this medical system, the siddha system of medicine is believed to be the oldest medical system in the known universe. The system is believed to be developed by the 9 nath and 84 siddhas in the north and 18 siddhas in the south called siddhar. They are the ancient supernatural spiritual saints of India and the Siddha system is believed to be handed over to the Siddhar by the Hindu God - Lord Shiva and Goddess Parvathi. So are the siddhars, the followers of Lord Shiva (saivam). Siddhar's total nos are eighteen in themagathiyar is the first siddhar. [13]

History [13]

According to the scriptures, there were 18 principal siddhars. Of these 18, Agasthiyar is believed to be the father of siddha medicine. Siddhars were of the concept that a healthy soul can only be developed through a healthy body. So they developed methods and medication that are believed to strengthen their physical body and thereby their souls. Men and women who dedicated their lives into developing the system were called Siddhars. They practiced intense yogic practices, including years of fasting and meditation and believed to have achieved super natural powers and gained the supreme wisdom and overall immortality. Through this spiritually attained supreme knowledge, they wrote scriptures on all aspects of life, from arts to science and truth of life to miracle cure for diseases.

The Siddhars wrote their knowledge in palm leaf manuscripts, fragments of which were found in different parts of South India. It is believed that some families may possess more fragments, but keep them solely for their own use. From these manuscripts, the siddha system of medicine developed into a part of Indian medical science. Today there are recognized siddha medical colleges, run under the government universities where siddha medicine is taught.

Siddha medicine means medicine that is perfect. Siddha medicine is claimed to revitalize and rejuvenate dysfunctional organs that cause the disease and to maintain the ratio of vata, pitta and kapha. The Siddha medicine given to practitioners includes leaves, flowers, fruit and various roots in a mixed basis. In some extraordinary cases this medicine is not at all cured. For those such cases they recommend to take Thanga Pashpam in it Gold is also added in an Eating method. Most of the practicing Siddha medical practitioners are traditionally trained, usually in families and also by different gurus (teachers). When the guru is also a martial arts teacher, he is also known as an ashan. They make a diagnosis after a patient's visit and sets about to refer their manuscripts for the appropriate remedies which a true blue physician compounds himself or herself from thousands of herbal and herbo-mineral resources. The methodology of Siddha thought helped decipher many causes of disorders and the formulation of curious remedies which may sometimes have more than 250 ingredients.

Basics [14]

Generally the basic concepts of the Siddha medicine are almost similar to Ayurveda. The only difference appears to be that the Siddha medicine recognizes predominance of vatham, pitham and kapam in childhood, adulthood and old age respectively, whereas in Ayurveda it is totally reversed: kapam is dominant in childhood, vatham in old age and pitham in adults.

According to the Siddha medicine various psychological and physiological functions of the body are attributed to the combination of seven elements: first is saram (plasma) responsible for growth, development and nourishment; second is cheneer (blood) responsible for nourishing muscles, imparting colour and improving intellect; the third is ooun (muscle) responsible for shape of the body; fourth is kollzuppu (fatty tissue) responsible for oil balance and lubricating joints; fifth is enbu (bone) responsible

for body structure and posture and movement; sixth is moolai (nerve) responsible for strength; and the last is sukila (semen) responsible for reproduction. Like in Ayurveda, in Siddha medicine also the physiological components of the human beings are classified as Vatha (air), Pitha (fire) and Kapha (earth and water).

Concept of Disease and Cause [14]

It is assumed that when the normal equilibrium of three humors (vatha, pitha and kapha) is disturbed, disease is caused. The factors, which assumed to affect this equilibrium, are environment, climatic conditions, diet, physical activities, and stress.

Under normal conditions, the ratio between these three humors (vatha, pitha and kapha) is 4:2:1, respectively. According to the siddha medicine system, diet and life style play a major role not only in health but also in curing diseases. This concept of the siddha medicine is termed as pathya and apathya, which is essentially a list of do's and don'ts.

Concept of Drugs [14]

In Siddha medicine the use of metals and minerals are more predominant in comparison to other Indian traditional medicine systems. In the usage of metals, minerals and other chemicals, this system was far more advanced than Ayurveda. Siddhar Nagarjuna introduced the use of mercury and its compounds to the Ayurvedic system in later periods. The use of more metals and chemicals was justified by the fact that to preserve the body from decomposing materials that do not decompose easily should be used. The other reason perhaps was that the south Indian rivers were not perennial and herbs were not available all through the year. The drugs used by the Siddhars could be classified into three groups: thavaram (herbal product), thathu (inorganic substances) and jangamam (animal products).

According to their mode of application the Siddha medicine could be categorized into two classes: (1) internal medicine and (2) external medicine.

- Internal medicine was used through the oral route and further classified in to 32 categories based on their form, methods of preparation, shelf life, etc.
- External medicine includes certain forms of drugs and also certain applications like nasal, eye and ear drops and also certain procedures like leech application.

Concept of Treatment and Physician [14]

The treatment in Siddha medicine is aimed at keeping the three humors in equilibrium and maintenance of seven elements. So proper diet, medicine and a disciplined schedule of life are advised for a healthy living and to restore equilibrium of humors in diseased condition.

In Siddha system of medicine a physician should be spiritual and have an in-depth knowledge about normal or abnormal functioning of the three humors, capable of curing ailments, intelligent, truthful, confident, associated with the elite, capable of preparing high quality drugs with mastery over medical classes. According to Theraiyar (a siddha) in his Thylavarga churrukama, the physician should have pure thought and action, love for all human beings, a detailed knowledge about geographical seasonal variations, correct physical and mental state and dietary habits. Agasthiyar Sillaraikkovai further adds generosity, patience, untiring hard work, capability of overcoming greed, anger, knowledge about astrology and numerology as the qualities of a physician. He says that a physician should protect his patient like an eyelid, which protects the eyes and care as a mother who cares for her sick child.

1.3.4 Unani medicine:

The Unani system of medicine originated in Greece and the term Unani is derived from 'Unan', Arabic and Urdu for 'Greece'. It is used to refer to Graeco-Arabic or Unani medicine, also called "Unani-tibb", which is based on the teachings of Hippocrates, Galen, and Ibn Sina, and the concepts of the four humours- dam (blood), balgham (phlegm), safra (yellow bile) and sauda (black bile). [15]

History [16]

The theoretical framework of Unani medicine is based on the work of Hippocrates (460-377 BC). He advocated that the chief function of a physician is to aid the natural forces of the body in combating a disease. He based his medical practice on observation and on the study of the human body. He changed the views of his time that considered illness to be caused by superstitions and by possession of evil spirits and disfavor of the gods. Unani system follows the humoral theory which postulates the presence of four humours in the body: dam (blood), balgham (phlegm), safra (yellow bile) and sauda (black bile).

A number of Greek scholars after Hippocrates such as Galen (131-200 AD) followed by Arab physicians like Al Razi known as Rhazes (850-932 AD) and Ibn Sina known as Avicenna (980-1037 AD), enriched the system considerably. Rhazes and Avicenna authored Al-Hawi and Al-Qanun respectively, which were compilations of their observations. These were later translated into Latin and other European languages and taught in medieval European universities. They are said to have greatly influenced western medical thought. Galen taking Hippocrates' notions of the humors and pathology, Galen incorporated the anatomical knowledge. Ibn Sina wrote many philosophical books but his great legacy to medicine was his Canon of medicine (Al-Qanun), a vast encyclopedia in which he attempted to correlate the views of

Hippocrates, Galen. The Qanun gives a scientific diagnosis of ankylostomiasis and attributes the condition to an intestinal worm. The Qanun points out the influence of climate and environment on health and the surgical use of oral anesthetics. Ibn Sina advised surgeons to treat cancer in its earlier stage, ensuring the removal of all the diseased tissue. He is the most prominent scientist and physician of Unani system.

Growth in India [17]

In India, Unani system of Medicine was introduced by Arabs and soon it took firm roots in the soil. When Mongols ravaged Persian and Central Asian cities like Shiraz, Tabrez and Galan, scholars and Physicians of Unani Medicine fled to India. The Delhi Sultan, the Khiljis, the Tughlaqs and the Mughal Emperors provided state patronage to the scholars and even enrolled some as state employees and court physicians. During the 13th and 17th Century, Unani Medicine had its hey-day in India. Among those who made valuable contributions to this system into period where Abu Bakr Bin Ali Usman Ksahani, Sadruddin Damashqui, Bahwa bin Khwas khan, Ali Geelani, Akbal Arzani and Mohammad Hashim Alvi Khan. The scholars and Physicians of Unani Medicine who settled in India were not content with the known drugs. They subjected Indian drugs to clinical trials. As a result of their experimentation added numerous native drugs to their own system further enriching its treasures.

During the British rule, Unani Medicine suffered a setback and its development was hampered due to withdrawal of governmental patronage. Since the system enjoyed faith among the masses it continued to be practiced. It was mainly the Sharifi Family in Delhi, the Azizi family in Lucknow and the Nizam of Hyderabad due to whose efforts Unani Medicine survived during the British period. An outstanding physician and

scholar of Unani Medicine, Hakim Ajmal Khan (1868-1927) championed the caused of the system in India.

How it works [17]

Unani medicine is very close to Ayurveda. Both are based on theory of the presence of the elements (in Unani, they are considered to be fire, water, earth and air) in the human body. According to followers of Unani medicine, these elements are present in different fluids and their balance leads to health and their imbalance leads to illness. Each of the four elements has its own special qualities-earth is cold and dry; water is cold and moist; fire is hot and dry; air is hot and moist. The resultant quality of the uniform body is called its mizaj (temperament). Different types and shades of imbalanced temperaments are described in Unani, which believes that at birth every person is gifted with a unique and healthy humoural constitution determining the temperament of an individual.

All these elaborations were built on the basic Hippocratic theory of the Four Humours. The theory postulates the presence in the human body of blood, phlegm, yellow bile and black bile. Each person's unique mixture of these substances determines his temperament. As long as these humours are in balance, the human system is healthy, it is imbalance which can result in disease. Unani also postulates that the body contains a self-preservative power, which strives to restore any disturbance within the limits prescribed by the constitution or state of the individual. The physician merely aims to help and develop rather than supersede or impede the action of this power.

1.3.5 Homeopathy:

Homeopathy, also known as homeopathic medicine, is a whole medical system that was developed in Germany more than 200 years ago and has been practiced in the United States since the early 19th century. Homeopathy is used for wellness and prevention and to treat many diseases and conditions. [18] Homeopathy is a system of medical therapy that uses very small doses of medicines, or remedies. These remedies are prepared from substances found in nature. Nevertheless, homeopathy should not be confused with herbal medicine. These two systems of medicine are very different. Herbal medicine uses tinctures of botanical substances, whereas homeopaths use ultra dilute "micro" doses made from not only plants, but minerals or any other substance found in nature. The principle of similars (or "like cures like") is a central homeopathic principle. The principle states that a disease can be cured by a substance that produces similar symptoms in healthy people. For example, if you peel an onion, your eyes burn, itch and water. You might also have a runny nose and begin to sneeze. If you had similar symptoms during a cold or allergy attack, such as a runny nose, watery eyes and sneezing, a homeopathic micro-dose of the remedy *Allium cepa* (red onion) would help your body heal itself. [19]

The word "homeopathic" is derived from the Greek words *homeos* meaning "similar" and *pathos* meaning "disease" or "suffering." Thus, homeopathy means "to treat with a remedy that produces an effect similar to the disease or suffering." [19]

History [20]

In the 16th century the pioneer of chemical medicine Paracelsus declared that small doses of "what makes a man ill also cures him", anticipating homeopathy, but it was Hahnemann who gave it a name and laid out its principles in the late 18th century.

At that time, mainstream medicine employed such measures as bloodletting and purging, used laxatives and enemas, and administered complex mixtures, such as Venice treacle, which was made from 64 substances including opium, myrrh, and viper's flesh. Such measures often worsened symptoms and sometimes proved fatal. Hahnemann rejected such methods as irrational and inadvisable. Instead, he favored the use of single drugs at lower doses and promoted an immaterial, vitalistic view of how living organisms function, believing that diseases have spiritual, as well as physical causes. At the time, vitalism was part of mainstream science; in the 20th century, however, medicine discarded vitalism, with the development of microbiology, the germ theory of disease, and advances in chemistry. Hahnemann also advocated various lifestyle improvements to his patients, including exercise, diet, and cleanliness.

Samuel Hahnemann considered being the father of homeopathy. Hahnemann articulated two main principles [18]:

- The principle of similars (or "like cures like") states that a disease can be cured by a substance that produces similar symptoms in healthy people. This idea, which can be traced back to Hippocrates, was further developed by Hahnemann after he repeatedly ingested cinchona bark, a popular treatment for malaria, and found that he developed the symptoms of the disease. Hahnemann theorized that if a substance could cause disease symptoms in a healthy person, small amounts could cure a sick person who had similar symptoms.
- The principle of dilutions (or "law of minimum dose") states that the lower the dose of the medication, the greater its effectiveness. In homeopathy, substances are diluted in a stepwise fashion and shaken vigorously between each dilution. This process, referred to as "potentization," is believed to transmit some form of information or energy from the original substance to the final diluted remedy.

Most homeopathic remedies are so dilute that no molecules of the healing substance remain; however, in homeopathy, it is believed that the substance has left its imprint or "essence," which stimulates the body to heal itself (this theory is called the "memory of water").

The term "homeopathy" was coined by Hahnemann and first appeared in print in 1807, although he began outlining his theories of "medical similars" or the "doctrine of specifics" in a series of articles and monographs in 1796. Homeopaths treat people based on genetic and personal health history, body type, and current physical, emotional, and mental symptoms. Patient visits tend to be lengthy. Treatments are "individualized" to each person—it is not uncommon for different people with the same condition to receive different treatments. [20]

Homeopathic remedies are derived from natural substances that come from plants, minerals, or animals. Common remedies include red onion, arnica (mountain herb), and stinging nettle plant.

Regulation of Homeopathic Treatments [18]

Homeopathic remedies are prepared according to the guidelines of the Homeopathic Pharmacopeia of the United States (HPUS), which was written into law in the Federal Food, Drug, and Cosmetic Act in 1938. Homeopathic remedies are regulated in the same manner as nonprescription, over-the-counter (OTC) drugs. However, because homeopathic products contain little or no active ingredients, they do not have to undergo the same safety and efficacy testing as prescription and new OTC drugs.

The U.S. Food and Drug Administration (FDA) do require that homeopathic remedies meet certain legal standards for strength, purity, and packaging. The labels on the

remedies must include at least one major indication (i.e., medical problem to be treated), a list of ingredients, the dilution, and safety instructions.

Homeopathic Treatment

This may sound strange but in homeopathy we do not treat diseases, but treat the person who is sick. Whether a person has a chronic or an acute disease, all of their symptoms, whether physical, mental or emotional form a whole representing a state of imbalance very specific to this individual. The goal of the homeopath is to recognize through the unique expression of symptoms of a patient the pattern of disturbed energy and identify among the great number of remedies available the one most homeopathic or most similar to the patient's disease. Any plant, mineral or animal substance can be used as a remedy. The original substance is diluted in liquid repeatedly and vigorously shaken with each dilution. Unusual as it sounds, these very small amounts of remedies can act very strongly when used properly. Also, because the remedies are much diluted, they are extremely safe. The clinical experience of homeopathy shows that the micro-dose is effective: It works upon comatose people, infants and animals. [19]

Since homeopathic remedies are devoid of all chemical toxicity, homeopathy is the ideal system of medicine for people of all ages, even the most sensitive like an expectant mother or a newborn baby. Difficulties during pregnancy and the delivery or its aftermath as well as all the problems experienced by the newborn can be dealt with very efficiently and without side effects with homeopathy. As incredible as it may seem, patients affected with mental stress; emotional problems; resulting from emotional trauma; severe grief; or the consequence of mood disorders such as anger; depression or anxiety normalize with the application of the homeopathic remedy that is the most similar to the state of the patient. Patients who are already under psychotherapy find

out as a rule that they recover far more rapidly after they begin homeopathic treatment.

[18]

Homeopathic treatment is ideal to optimize the body's natural defenses against microbes. With the appropriate homeopathic treatment, people recover from infectious diseases, even the most serious ones, gently and rapidly. During past great epidemics such as diphtheria, scarlet fever, typhoid, cholera, yellow fever, malaria, etc., homeopathy decreased mortality by 10 to 30 times versus conventional medicine. During the infamous Spanish flu epidemic of 1918-19, it has been estimated that 25 to 50 million people died world wide. In the United States alone, 550,000 died, approximately 10% of the people afflicted with the flu. Homeopathic physicians documented then more than 62,000 patients treated with homeopathy resulting in a mortality of 0.7%. For people who were sick enough to be hospitalized, conventional medicine had a mortality of 30% while with 27,000 documented hospitalized cases, homeopathy was reporting a mortality of 1.05%. [19]

Homeopathy system of medicine is very popular in many Asian countries including Bangladesh. Due to its lower treatment cost it has long been used.

1.3.6 Mogha Shasrio

Jivaka (435 BC) invented a medical system that is known as Mogha Shasrio. This term is coined by Jivaka.

Origin and Development

Jivaka was a royal physician of king of Magadha. He was a famous physician and renowned medical scientist. He was a student of Gautum Buddha (Shiddharto). The main perception of Buddha religion is: to kill animal is a great sin.

The medicines of Ayurvedic system are prepared from –

- Plant
- Animal
- Mineral

Then how a medical system would run under Buddhism? They do not allow killing any animal for their own survival. Thus plant and mineral sources are used for preparing medicine. Jivaka reconstituted or reorganized the whole Ayurvedic system. Jivaka made-up a medical system named Mogha (plant and mineral source).

Ayurveda – animal source = Mogha

This medical system is not widely practiced and used in Bangladesh.

1.3.7 Acupuncture

Acupuncture is a form of traditional Chinese medicine which involves the insertion of very fine needles at key points (known as acupuncture points or acupoints) into the body. Acupuncture is based on the Chinese belief that the human body is controlled by a life force or vital energy known as Qi (pronounced 'chee'). Qi flows through the body in channels, known as meridians. When your Qi is disturbed or unbalanced it can make you unwell. Acupuncture aims to restore the balance of Qi, and helps it to run smoothly through the body. By inserting needles into specific points along these meridians, acupuncture practitioners believe that the balance of energy will be restored. Not everyone who practices acupuncture believes in the theory of Qi. Some people take a more scientific approach to acupuncture, focus instead on the way it helps the body to release its natural painkillers, known as 'endorphins'. It can also help

stimulate nerves and muscles and connective tissue. This stimulation appears to boost the activity of body's natural painkillers and increase blood flow. [21]

The acupuncturist is able to influence health and sickness by stimulating certain areas along these "meridians". Traditionally these areas or "acupoints" were stimulated by fine, slender needles. Today, many additional forms of stimulation are incorporated, including herbs, electricity, magnets and lasers. Still, the aim remains the same - adjust the vital energy or life force so the proper amount reaches the proper place at the proper time. Acupuncture originated in China thousands of years ago, but over the past three decades its popularity has grown significantly within the United States. [22]

History [23]

With a long history and culture, China is a treasure place of medical and pharmacological science. Acupuncture therapy is one of the most brilliant achievements of the Traditional Chinese Medicine. For thousands of years the Chinese have used tiny acupuncture needles and branches of fragrant moxa to cure diseases by applying them to specific body parts. The theories of channels and collaterals and acupoint were accumulatively developed to contribute to the nation's health-care development.

Acupuncture has a clearly recorded history of about 2,000 years, but some authorities claim that it has been practiced in China for some 4,000 years. The Chinese believe that the practice of acupuncture began during the Stone Age when stone knives or sharp edged tools, described by the character 'Bian', were used to puncture and drain abscesses. In fact the Chinese character 'Bian' means the 'use of a sharp edged stone to treat disease', and the modern Chinese character 'Bi', representing a disease of pain, is almost certainly derived from the use of 'Bian stones' for the treatment of painful complaints. The origin of Chinese medicine is a fascinating story and acupuncture

represents only one part of their medical system. The first recorded attempt at conceptualizing and treating disease dates back to about 1500 BC during the Shang dynasty, which suggest that acupuncture, was practiced along with moxibustion. Despite improvements in metallurgy over centuries, it was not until the 2nd century BCE during the Han Dynasty that stone and bone needles were replaced with metal.

The earliest Chinese medical text to describe acupuncture is the Huangdi Neijing, the legendary Yellow Emperor's Classic of Internal Medicine (History of Acupuncture) which was compiled around 305–204 B.C. The Huangdi Neijing does not distinguish between acupuncture and moxibustion and gives the same indication for both treatments. The Mawangdui texts, which also date from the second century BC though antedating both the Shiji and Huangdi Neijing, mentions the use of pointed stones to open abscesses and moxibustion but not acupuncture, but by the second century BCE, acupuncture replaced moxibustion as the primary treatment of systemic conditions. In Europe, examinations of the 5,000-year-old mummified body of Otzi the Iceman have identified 15 groups of tattoos on his body, some of which are located on what are now seen as contemporary acupuncture points. This has been cited as evidence that practices similar to acupuncture may have been practiced elsewhere in Eurasia during the early Bronze Age. Acupuncture spread from China to Korea, Japan and Vietnam and elsewhere in East Asia. Around ninety works on acupuncture were written in China between the Han Dynasty and the Song Dynasty, and the Emperor Renzong of Song, in 1023, ordered the production of a bronze sculpture depicting the meridians and acupuncture points then in use. Portuguese missionaries in the 16th century were among the first to bring reports of acupuncture to the West. Jacob de Bondt, a Danish surgeon travelling in Asia, described the practice in both Japan and Java. However, in China itself the practice was increasingly associated with the lower-classes and illiterate practitioners.

The first European text on acupuncture was written by Willem ten Rhijne, a Dutch physician who studied the practice for two years in Japan. It consisted of an essay in a 1683 medical text on arthritis; Europeans were also at the time becoming more interested in moxibustion, which Willem Ten Rhijne also wrote about. In 1757 the physician Xu Daqun described the further decline of acupuncture, saying it was a lost art, with few experts to instruct; its decline was attributed in part to the popularity of prescriptions and medications, as well as its association with the lower classes. In 1822, an edict from the Chinese Emperor banned the practice and teaching of acupuncture within the Imperial Academy of Medicine outright, as unfit for practice by gentlemen-scholars. At this point, acupuncture was still cited in Europe with both skepticism and praise, with little study and only a small amount of experimentation. In the 1970s, acupuncture became better known in the United States after an article appeared in "The New York Times" by James Reston, who underwent an emergency appendectomy while visiting China. While standard anesthesia was used for the actual surgery, Mr. Reston was treated with acupuncture for post-operative discomfort. The National Acupuncture Association (NAA), the first national association of acupuncture in the US, introduced acupuncture to the West through seminars and research presentations. The NAA created and staffed the UCLA Acupuncture Pain clinic in 1972. This was the first legal clinic in a medical school setting in the US.

Moxibustion[21]

A discussion of the history of acupuncture is incomplete without mentioning moxibustion. Moxibustion is the burning on the skin of the herb moxa. The Chinese character 'Chiu' is used to describe the art of moxibustion, and literally means 'to scar with a burning object'. Moxibustion does not now involve scarring, but moxa is still used to provide local heat over acupuncture points. It is made from the dried leaves of *Artemisia vulgaris* and the Chinese believe that the older the moxa, the better its

therapeutic properties. Moxibustion developed as a medical practice completely separate from acupuncture, although it is now very much a part of current acupuncture practice in China. It is used to treat specific types of disease and is applied over the same body points (acupuncture points) as acupuncture needles. Some of the acupuncture points, such as those around the eye, are forbidden to moxa. In ancient China, moxa was also burnt on specific acupuncture points to keep the body healthy, and was said to act as a prophylactic against disease.

Mechanism of action [22]

Several processes have been proposed to explain acupuncture's effects, primarily those on pain. Acupuncture points are believed to stimulate the central nervous system (the brain and spinal cord) to release chemicals into the muscles, spinal cord, and brain. These chemicals either change the experience of pain or release other chemicals, such as hormones, that influence the body's self-regulating systems. The biochemical changes may stimulate the body's natural healing abilities and promote physical and emotional well-being. There are three main mechanisms:

Conduction of electromagnetic signals- Western scientists has found evidence that acupuncture points are strategic conductors of electromagnetic signals. Stimulating points along these pathways through acupuncture enables electromagnetic signals to be relayed at a greater rate than under normal conditions. These signals may start the flow of pain-killing biochemical, such as endorphins and of immune system cells to specific sites in the body that are injured and vulnerable to disease.

Activation of opioid systems- Research has found that several types of opioids may be released into the central nervous system during acupuncture treatment, thereby reducing pain.

Changes in brain chemistry, sensation, and involuntary body functions- Studies have shown that acupuncture may alter brain chemistry by changing the release of neurotransmitters and neurohormones. Acupuncture also has been documented to affect the parts of the central nervous system related to sensation and involuntary body functions, such as immune reactions and processes.

Increasingly, acupuncture is complementing conventional therapies. For example, doctors may combine acupuncture and drugs to control surgery-related pain in their patients. By providing both acupuncture and certain conventional anesthetic drugs, some doctors have found it possible to achieve a state of complete pain relief for some patients. They also have found that using acupuncture lowers the need for conventional pain-killing drugs and thus reduces the risk of side effects for patients who take the drugs

Acupuncture Needles [23]

It is believed that the earliest acupuncture instruments were sharp pieces of bone or flint called Bian stones. During the Iron and Bronze ages, metal acupuncture needles began to be developed. Early needles were made from iron, copper, bronze, and even silver and gold. Modern acupuncture needles are made out of stainless steel and come in various lengths and gauges of width. These acupuncture needles consist of a stainless steel shaft, with a handle made out of copper or steel. Some Japanese needles have a color-coded plastic handle. In fact, acupuncture needles are so thin that an acupuncture needle can actually fit within the hollow of a standard blood-drawing needle. Acupuncture is essentially painless. Although some people may experience a slight pinch as the needle is inserted, many feel nothing at all. Once inserted, the needles remain in place for approximately 20-30 minutes. Because modern acupuncture needles are disposable and used only once, there is no risk of transmitting infections from one person to another.

Healing Applications of Acupuncture [21]

Acupuncture is best known for the control of pain. However, acupuncture can treat a wide variety of common and uncommon disorders. The following is a list of disorders that can be treated by acupuncture (World Health Organization data):

Respiratory

- Acute Sinusitis
- Acute rhinitis
- Common cold
- Acute tonsillitis
- Acute bronchitis
- Bronchial asthma

Eye

- Acute conjunctivitis (pinkeye)
- Nearsightedness (in children)
- Cataract (without complications)

Mouth

- Toothache, post extraction pain
- Gingivitis (gum disease)
- Acute and chronic pharyngitis

Gastrointestinal Disorders

- Gastritis
- Gastric Hyperacidity
- Ulcers
- Colitis
- Constipation
- Diarrhea

Neurological and Musculoskeletal Disorders

- Headache and migraine



- Paralysis following stroke
- Meniere's disease
- Neurogenic bladder dysfunction
- Nocturnal enuresis (bed wetting)
- Intercostal neuralgia (pain in the ribs)
- Cervicobrachial syndrome (pain radiating from neck to arm)
- Frozen shoulder or Tennis elbow
- Sciatica
- Low back pain
- Osteoarthritis

1.3.8 Acupressure:

Acupressure is an ancient healing art using the fingers and other parts of the body to skillfully press key points, which stimulate the body's natural self-curative abilities. When these trigger points are pressed, they release muscular tension and promote circulation of blood and the body's life force energy to aid healing. Acupuncture and acupressure use the same pressure points and meridians, but acupuncture employs needles, while acupressure uses gentle to firm pressure and integrates bodywork therapies, therapeutic touch, somatic work, healing imagery, energy psychology, and massage therapy techniques. There is a massive amount of scientific data that demonstrates why and how acupuncture is effective. But acupressure, the older of the two traditions, was neglected after the Chinese developed more technological methods for stimulating points with needles and electricity. Acupressure, however, continues to be the most effective method for self-treatment of tension-related ailments by using the power and sensitivity of the human hand. [24]

History [25]

One of the oldest texts of Chinese medicine is the Huang Di, The Yellow Emperor's Classic of Internal Medicine, which may be at least 2,000 years old. Chinese

medicine has developed acupuncture, acupressure, herbal remedies, diet, exercise, lifestyle changes and other remedies as part of its healing methods. Nearly all of the forms of Oriental medicine that are used in the West today, including acupuncture, acupressure, shiatsu, and Chinese herbal medicine, have their roots in Chinese medicine.

One legend has it that acupuncture and acupressure evolved as early Chinese healers studied the puncture wounds of Chinese warriors, noting that certain points on the body created interesting results when stimulated. The oldest known text specifically on acupuncture points, the *Systematic Classic of Acupuncture*, dates back to 282 A.D. Acupressure is the non-invasive form of acupuncture, as Chinese physicians determined that stimulating points on the body with massage and pressure could be effective for treating certain problems. Outside of Asian-American communities, Chinese medicine remained virtually unknown in the United States until the 1970s, when Richard Nixon became the first U.S. president to visit China. On Nixon's trip, journalists were amazed to observe major operations being performed on patients without the use of anesthetics. Instead, wide-awake patients were being operated on, with only acupuncture needles inserted into them to control pain. At that time, a famous columnist for the *New York Times*, James Reston, had to undergo surgery and elected to use acupuncture for anesthesia. Later, he wrote some convincing stories on its effectiveness. Despite being neglected by mainstream medicine and the American Medical Association (AMA), acupuncture and Chinese medicine became a central to alternative medicine practitioners in the United States. Today, there are millions of patients who attest to its effectiveness, and nearly 9,000 practitioners in all 50 states.

Acupressure is practiced as a treatment by Chinese medicine practitioners and acupuncturists, as well as by massage therapists. Most massage schools in American

include acupressure techniques as part of their bodywork programs. Shiatsu massage is very closely related to acupressure, working with the same points on the body and the same general principles, although it was developed over centuries in Japan rather than in China. Reflexology is a form of bodywork based on acupressure concepts.

Jin Shin Do is a bodywork technique with an increasing number of practitioners in America that combines acupressure and shiatsu principles with qigong, Reichian theory, and meditation.

How Acupressure works [26]

Acupressure points (also called potent points) are places on the skin that are especially sensitive to bioelectrical impulses in the body and conduct those impulses readily. Traditionally, Asian cultures conceived of the points as junctures of special pathways that carried the human energy that the Chinese call chi and the Japanese call ki. Western scientists have also mapped out and proven the existence of this system of body points by using sensitive electrical devices.

Stimulating these points with pressure, needles, or heat triggers the release of endorphins, which are the neurochemicals that relieve pain. As a result, pain is blocked and the flow of blood and oxygen to the affected area is increased. This causes the muscles to relax and promotes healing. Because acupressure inhibits the pain signals sent to the brain through a mild, fairly painless stimulation, it has been described as closing the "gates" of the pain-signaling system, preventing painful sensations from passing through the spinal cord to the brain. Besides relieving pain, acupressure can help rebalance the body by dissolving tensions and stresses that keep it from functioning smoothly and that inhibit the immune system. Acupressure enables the body to adapt to environmental changes and resist illness.

Tension tends to concentrate around acupressure points. When a muscle is chronically tense or in spasm, the muscle fibers contract due to the secretion of lactic acid caused by fatigue, trauma, stress, chemical imbalances, or poor circulation. For instance, when you are under a great deal of stress you may find you have difficulty breathing. Certain acupressure points relieve chest tension and enable you to breathe deeply. As a point is pressed, the muscle tension yields to the finger pressure, enabling the fibers to elongate and relax, blood to flow freely, and toxins to be released and eliminated. Increased circulation also brings more oxygen and other nutrients to affected areas. This increases the body's resistance to illness and promotes a longer, healthier, more vital life. When the blood and bioelectrical energy circulate properly, we have a greater sense of harmony health and well-being.

How It Is Performed [27]

Acupressure is usually given in a similar fashion to traditional massage. Points on the body are massaged using finger or thumb, and sometimes a blunt object, in a fairly rapid circular motion with a medium pressure. Massages last between 5 and 15 minutes. Some of the most common acupressure techniques are: Rubbing, Kneading, Percussion and Vibration. Fingers, hands, elbows, knees and feet are often used to massage other parts of the body.

Benefits of Acupressure [25]

Acupressure massage performed by a therapist can be very effective both as prevention and as a treatment for many health conditions, including

- Headaches
- General aches and pains
- Colds and flu
- Arthritis

- Allergies
- Asthma
- nervous tension
- menstrual cramps
- sinus problems
- sprains
- tennis elbow and
- toothaches

Unlike acupuncture which requires a visit to a professional, acupressure can be performed by a layperson. Acupressure techniques are fairly easy to learn, and have been used to provide quick, cost-free, and effective relief from many symptoms. Acupressure points can also be stimulated to increase energy and feelings of well-being, reduce stress, stimulate the immune system and alleviate sexual dysfunction.

1.3.9 Naturopathy:

Naturopathy is the systematic application of lifestyle and natural forces to allow the body's innate healing potential to restore and maintain health. Naturopathy recognizes the nature's inherent processes of healing, and acts in no way to suppress, antagonize or hinder these vital life forces, but rather to stimulate, assist and cooperate with them through the use of natural agencies as air, sunshine, water, light, heat, electricity, body manipulations, rest, natural vital foods, organic vitamins, organic minerals, herbs in conjunction with the cleansing and eliminating processes of other physical and mental cultures. Naturopathy does not make use of synthetic or inorganic vitamins or minerals or of drugs, narcotics, surgery, serums, vaccines, anti-toxins, toxiod, injections or inoculations. Naturopathy also provides for the prevention of sub-health conditions by teaching and applying the fundamental laws of natural living. Naturopathy can be distinguished from medicine in that it believes that all disease is the result of a departure from healthful living out of harmony with nature's laws and

the only way to correct disease is to restore that harmony by living in accordance with nature's laws. [28]

Naturopathy is a whole medical system that has its roots in Germany. It was developed further in the late 19th and early 20th centuries in the United States, where today it is part of complementary and alternative medicine (CAM). [29]

History:

Some see the ancient Greek "Father of Medicine", Hippocrates, as the first advocate of naturopathic medicine, before the term existed. The modern practice of naturopathy has its roots in the Nature Cure movement of Europe. In Scotland, Thomas Allinson started advocating his "Hygienic Medicine" in the 1880s, promoting a natural diet and exercise with avoidance of tobacco and overwork. The term 'sanipractor' has sometimes been used to refer to naturopaths, particularly in the Pacific Northwest region of the United States. The term naturopathy was coined in 1895 by John Scheel, and purchased by Benedict Lust, the "father of U.S. naturopathy". Lust had been schooled in hydrotherapy and other natural health practices in Germany by Father Sebastian Kneipp. Kneipp sent Lust to the United States to spread his drugless methods. Lust defined naturopathy as a broad discipline rather than a particular method, and included such techniques as hydrotherapy, herbal medicine, and homeopathy, as well as giving up overeating, tea, coffee, and alcohol. He described the body in spiritual and vitalistic terms with "absolute reliance upon the cosmic forces of man's nature." In 1901, Lust founded the American School of Naturopathy in New York; in 1902 he founded the Naturopathic Society of America (reorganized in 1919 as the American Naturopathic Association, ANA). Naturopaths became licensed under naturopathic or drugless practitioner laws in 25 states in the first three decades of the twentieth century.

Naturopathy was adopted by many chiropractors, and several schools offered both Doctor of Naturopathy (N.D.) and Doctor of Chiropractic (D.C.) degrees. [28]

Naturopathy's popularity reached its peak in the United States in the 1920 and 1930. However, its use began to decline when drugs such as antibiotics and other developments in conventional medicine. Naturopathy began to reemerge in the 1970s, with increased consumer interest in "holistic" health approaches and the founding of new naturopathic medical colleges. Today, naturopathy is practiced in a number of countries, including the United States, Canada, Great Britain, Australia, and New Zealand. [29] But this medical system is not very familiar and practiced in Bangladesh. [

Philosophy/Principles of Naturopathy [30]

A central belief in naturopathy is that nature has a healing power. Another belief is that living organisms (including the human body) have the power to maintain or return to a state of balance and health, and to heal themselves. Practitioners of naturopathy prefer to use treatment approaches that they consider to be the most natural and least invasive, instead of using drugs and more invasive procedures. Living things have an innate ability to heal themselves. Our vital force promotes self-cleansing, self-repair, and therefore self-healing. This process can be achieved by focusing on the immune, hormonal, nervous, and detoxification/elimination systems of the body. Once these systems are in balance, restored health is a probability. Naturopathic doctors treat their patients holistically, taking into consideration the individual's biochemistry, biomechanics, and emotional predisposition. The body's self-healing ability can be better understood if one takes into account the fact that homeostasis, or biological balance, is the main characteristic of any healthy system. A good example is fever. When the body is invaded by a pathogen (a substance capable of producing illness or disease), the body will usually respond by producing a fever to

fight the invader. If the body is properly supported through nutrition and rest, the fever will turn up the immune system and permit the recovery of health.

Other examples are the immune system, hormonal system, nervous system, and detoxification/elimination pathways, which all work as a unit to ensure our survival. If given the proper support, care, and the chance to function freely without suppression, they can bring the system back to a state of balance or "ease" (as opposed to "dis-ease").

The practice of naturopathy is based on six key principles [29]:

1. **Promote the healing power of nature.**
2. **First do no harm-** Naturopathic practitioners choose therapies with the intent to keep harmful side effects to a minimum and not suppress symptoms.
3. **Treat the whole person-** Practitioners believe a person's health is affected by many factors, such as physical, mental, emotional, genetic, environmental, and social ones. Practitioners consider all these factors when choosing therapies and tailor treatment to each patient.
4. **Treat the cause-** Practitioners seek to identify and treat the causes of a disease or condition, rather than its symptoms. They believe that symptoms are signs that the body is trying to fight disease, adapt to it, or recover from it.
5. **Prevention is the best cure-** Practitioners teach ways of living that they consider most healthy and most likely to prevent illness.
6. **The physician is a teacher-** Practitioners considers it important to educate their patients in taking responsibility for their own health.

Healing Applications of Naturopathic Medicine [30]

There is a wide range of conditions that Naturopathic doctors treat, either alone or in combination with other complementary or usual medical treatments. These include:

- Acute conditions such as headache, sore throat, ear infection, intestinal upset, cold, flu etc.
- Chronic illnesses such as migraine, musculoskeletal pain, gastrointestinal, gynecological, arthritis, heart disease, etc.
- Inherent tendencies before they become a serious illness or degenerative disease.
- Mental and emotional problems to reduce the effects of recent stresses and long-term patterns of anger, depression, or anxiety.
- Physical injury and trauma including possible referral to appropriate specialists.

1.3.10 Faith Healers or Folk Medicine Practitioners ^[31]

Folk medical practice a simple form of traditional medical practice which offers healthcare services to the people with or without the use of medicinal preparations. This practice is based on traditional beliefs, social cultures and superstitions of the people and does not involve the use of any specific medical system. It is widely believed in rural areas and also in many sections of urban society that one has to take the help of mystic powers to treat diseases. The mystic power comes from a fakir, pir, maulavi, and others. Common traditional treatments include pani pora (water incantation), jhar phook (oral incantation), tabij (sacred amulet) and tel pora (oil incantation).

Folk medicine consists of both material and non-material components. The material components consist of medicinal preparations from plants and animal products. These are dispensed usually in their raw forms and are used in treating simple diseases like cold, cough, fever, indigestion, constipation, diarrhoea, dysentery, intestinal worms etc. The non-material components consist of religious and spiritual items. Religious items, which include the use of religious verses written on papers and given as amulets; religious verses recited and blown on the face or body of the patient

or on water to drink or on food to eat; sacrifices and offerings in the name of God etc and spiritual items, which include methods like communicating with the spirits or ancestors through human media to inquire about disease and its remedy, torturous treatment of the patient along with recitation of incantations to drive away imaginary evil spirits, and many other similar methods. Non-material components either independently or in combination with material components are generally applied in the treatment of all kinds of diseases, but are specifically used in the treatment of patients with psychological problems such as insanity, various types of phobias, and depression and fear of supernatural creatures. Sometimes their use extends to the treatments of diseases like pox, cancer, leprosy, jaundice, fractures, snake-bite and even tetanus in newly born children.

Bede or ozha are invited to perform exorcism whenever a person is bitten by a snake or has diseases such as pain, rheumatism, toothache etc. Folk medicine is widely practiced in rural and even urban areas of Bangladesh.

1.3.11 Family Folk Medicine:

Many people use family folk medicine to treat the disease. People use this either as a complementary or alternative medical system. This system can say as a self remedies or medication. For example: In cold or fever- putting on warm clothing, oil massage, taking a mixture of oil and onion, balm massage, pouring water on head, drinking hot water; lemon and ginger tea, body massage, putting oil on head, wiping the body.

In gastro-intestinal diseases- Oil massage, hot water bath, body massage, putting on warm clothing, warm compress, eating sour foods.

In allergy- Neem water bath.

In diarrhoea - drinking a lot of water, sherbet and other fluids.

In skin cut- use grass as an antiseptic.

1.3.12 No Treatment or Medicine At All:

Most of the People of Bangladesh live under poverty line and often they don't take any treatment when they feel sick. These because they somehow cant afford the expenses of treatment and they think that without taking treatment it can be cured. Illiteracy, some established thought often push them in danger. The expenses of treatment are very high for the poor people. This is one of the main reasons why people don't take any treatment. In our country we have huge numbers of doctors but we don't have sufficient number of government hospitals. Often government hospitals don't have resources which increases sufferings for the poor people. Doctors are very interested to private hospitals as they earn more from there. This is one of the main reason that the government hospital lagging behind the private hospitals. Same thing happens in rural areas, hospitals don't have sufficient doctor over there as the doctors are interested in private hospitals. These problems create sufferings and poor people thinks that it is good for them living without treatment.

Chapter- 02

Study Background

2.0 Study Background:

Bangladesh is considered a Least Developing Country (LDC) with more than 75% of the total (142 million) population living in rural areas. About 36% of the population continue to live below the national poverty line (<US\$1/day). Basic needs of living particularly health and education remain largely unmet and only less than 40% of the population has access to basic healthcare.[32] [33] Though majority of the population live in rural areas, the government healthcare system remains a very minor source of health care there.[34] Health care services in Bangladesh are delivered by public, private, semi-governmental and traditional sector. The first three sectors include allopathic system of modern medicine and associated health care services and facilities. The allopathic system of modern medicine is more popular than the traditional mode, but authentic allopathic service is more expensive and qualified practitioners are less available. [35]

The most numerous and most widespread group of providers of healthcare in Bangladesh is traditional healers. Most of the times, the type and uses of traditional medicinal system are largely influenced by religious beliefs, folklore customs, the cultural habits, social practices and in many cases, superstitions of the people who prescribe or use them. In today's world too, there are many people who due to poverty or belief, seek healing not from medication but from religion and folklore customs. But most of people rely partly on divine faith along with medication.

Besides this there are various alternative and complementary medical systems practiced in Bangladesh such as Ayurvede, Siddha, Homeopathy, Unani, Acupuncture,

Acupressure, Naturopathy etc. At present there are 231 allopathic, 204 ayurvedic, 295 unani and 77 homoeopathic drug manufacturing companies in Bangladesh. The directorate of Drug Administration monitors and regulates all the activities of these 800 companies.

But actually only on the use of different medical system by people, there was not sufficient study done practically. To have the picture about the use of different medical system and what is the percentage of using different medical system and also find out the percentage of people who don't take any treatment or medicine, a survey program was conducted in different areas and slum of Dhaka city and Nobabgonj thana (both urban and rural). The first part of the questionnaire was included information about which medicinal system you had been used in last three months for which disease, the cause of using that particular medical system, whether diseases were cured or not, to get those medication how much you spend, from whom you knew about these medical systems, whether it had been caused any side effect or not, do you think traditional or folk medicines are safer than modern medicine or not and also in the case of children are safer or not and the second part of the questionnaire that was background which included respondents information such as age, gender, religion, monthly income, occupation and education level of respondents. Then a survey program was conducted on 800 persons.

The aim of my study was to find out the present situation of using different medicinal system by people in Bangladesh.

Chapter- 03

Literature Review

3.0 Literature Review:

A literature on “*Modern vs. Traditional Medicine*” prepared by Richard L. Stieg, M.D., M.H.S. In this literature he said about the comparative feature of modern and traditional medicine. [36]

Modern medicine has made incredible advances in the detection and treatment of many diseases, particularly those caused by infectious agents such as viruses and bacteria. In our lifetime, we have witnessed the worldwide elimination of smallpox, which killed millions of people. Other killer diseases, such as diphtheria and whooping cough, are now rare in modern countries. It is helpful to remember as we consider the wonders of modern medicine that it has been with us for less than 100 years. On the other hand, traditional healing practices have been a part of our human experience in one way or another through recorded history. One major difference between traditional medicine and modern medicine is the way in which we look at disease and health. Diseases then are biological conditions. Modern medical practice is generally concerned only with identifying and curing these conditions. Illness, by contrast, has to do with not only disease within organs, but with the social, psychological and spiritual condition of the person. Before we began to understand more about disease, which has happened only over the last 100 years, these other aspects of illness are what really concerned the traditional practitioner. In modern countries, widespread dissatisfaction with modern medicine has led to increasing interest in traditional therapies. In one large recent study published in the *Journal of the American Medical Association*, sick people in the United States were just as likely to turn first to traditional practitioners as they were to modern physicians. Interestingly, the source of people's dissatisfaction is not due to any

knowledge on patients' parts about the outcome of modern versus traditional treatment. Indeed, most people do not realize that there is little sound scientific evidence about outcomes for most types of treatment, but what do we mean by "outcomes?" Modern physicians rely on studies comparing one type of treatment with another, with outcomes usually measured in terms of control or elimination of disease. In modern societies, many individuals find themselves lonely and out of touch with their inner selves or with the spiritual dimension of their existence. By "spiritual," mean the idea that there is something we can connect to that is greater than our bodies or the time we have to spend in them. This may or may not be associated with a religious tradition. A person can be quite spiritual and find great meaning to his or her life without participating in any particular religion. When they get sick they may long for healers who can care about all the dimensions of their lives.

Abdul Ghani (Jahangirnagar University, Savar, Dhaka, 1990) said on his literature about "*Traditional health care system of Bangladesh*" [37]

Traditional system an art of healing based on traditional use of plants, animals, and other natural substances, and cultural habits, social practices, religious beliefs, and in many cases, superstitions of the present and previous generations of people. Because of their origin in the remote past and the fact that most of them are practiced almost in the same way as in the past they are collectively called traditional medicine. The basic principle involved in traditional medicine is that it strives to treat the whole person rather than his isolated parts and thinks of him in relation to his emotional sphere and physical environment. The traditional system of medicine is now being taken seriously by the World Health Organization, Western medicine establishments, and Governments of many Third World countries. Thus traditional system of medicine is now a recognized system of medical practice in many countries of Asia and Africa. In some

Asian countries, e.g., Bangladesh, India and China, it has undergone tremendous modernization over the years and is now practiced side by side with modern allopathic medicine as an alternative and supplementary system of medicine. The traditional healthcare systems practiced in Bangladesh include the Ayurvedic, Unani, Homeopathic, and Folk medicine systems. Both Ayurvedic and Unani systems of traditional healthcare have taken firm roots in Bangladesh and are widely practiced all over the country. There are about 6,000 registered and 10,000 unregistered practitioners (Kavirajes of the Ayurvedic system and Hakims of the Unani system) of these two systems of medicine in Bangladesh. Homeopathic system of medicine is very popular in many Asian countries including Bangladesh. Folk medical practice a simple form of traditional medical practice which offers healthcare services to the rural people with or without the use of medicinal preparations. This practice is based on traditional beliefs, social cultures and sometimes superstitions of the people, and does not involve the use of any specific medical system. Practitioners of folk medicine are not normally professional people. Folk medicine is widely practiced in rural and even urban areas of Bangladesh. Traditional medicine plays a very important role in Bangladesh, particularly at the primary health care level, as an estimated 70 to 75% people of the country still use traditional medicine for management of their health problems.

"Bangladesh Health Briefing paper" produced by the Department for International Development Health Systems Resource Centre. [38]

In this paper said about the *"Health Status and Health Service Delivery of Bangladesh."*

Health status-

Poor hygiene and sanitation cause up to 80% of disease. High levels of maternal and infant mortality are experienced and adherence to traditional practices is strong in some

areas. Diet and nutrition are generally poor. There are significant variations in the incidence and prevalence of disease.

Health service delivery in –

Public sector- Less than 40% of the population has access to basic health care. At the same time government services are poorly utilized. Services are provider-oriented rather than client oriented. The magnet effect of urban centers, which attract staff and resources, has led to unsustainable inequities in resource distribution and access to services (reinforced by poor transport networks). Many trained staffs are unwilling to work in rural areas. There is little professional regulation in medicine, nursing and dentistry. There is wide use within families of traditional and homeopathic remedies. Traditions, beliefs and culture exert a strong influence in access to and use of care, with gender roles a particular issue in both the provision and receipt of care.

Primary care- Thana health centres (THCs) were established some 20 years ago as the cornerstones of primary care. Over 400 were created to a standard design, including theatres, X-ray, pharmacy, basic laboratories, dental suites and delivery suites and each has a 31 bedded ward. Physical facilities have deteriorated in most THCs and poor staff practices exist in many (e.g. high levels of absenteeism, informal user-charging). Skilled doctors are unwilling to work there, regarding postings as 'punishment'. As a result THCs no longer enjoy public confidence and are underused. The low state salaries earned by doctors have led to growth in private practice. Doctors are thereby diverted from their THC duties and a vicious circle has evolved whereby their vested interests may wish to keep public sector service quality relatively low.

Hospital sector-The hospital system is overused, with high rates of self-referral, by-passing the THCs. There is a high ratio of doctors to nurses in hospitals and potential to improve skill mix

Chapter- 04

Methodology

4.0 Methodology

4.1 Definitions:

Urban Area:

The District or the Upazila or Thana Shahr was considered as urban area.

Rural Area:

Areas, relatively uncivilized than that of their respective district city and upazila or thana shahr were considered as the Rural areas.

Slum:

People who have low income level use to live in slums. And in my study I have considered those people as respondent.

4.2 Sampling Area:

The following sampling areas were considered from which collection of sample were carried out:

a. Dhaka City:

Mohakhali, Banani, Mirpur, Jigatola, Rayer Bazar, Shantinagar, Utter Kamalapur, Uttara, Kochukhet, cantonment, Bashabo, Malibaag & Adabor.

b. Slum Of Dhaka city: Rayerbazar slum, Kuril and TNT slum mohakhali.

c. Nobabgonj (Urban): Nobabgonj, Bagmara, Kashimpur.

d.Nobabganj (Rural area): Choto Rajpara, Boro Rajpara, Bandura, Joypara, Komorgonj, Shurgonj, Kolakopa, Bokshonagar

4.3. Sampling Technique:

The study was carried out by collecting sample randomly from the sampling areas.

Sample Size:

The study has been carried out with a total sample of 800. The distribution of the samples is as follows:

- a. Dhaka City: 310
- b. Slum of Dhaka city: 90
- c. Nobabgonj (Urban): 200
- d. Nobabganj (Rural area): 200



4.4 Data Processing and Analysis:

The upgraded version of Microsoft Office 2003 has been used for data processing, analysis as well as for the preparation of the graphs.

4.5 Data presentation: Results are presented in different approaches using pie chart, bar diagram, columns and different tables.

Chapter- 05

Result and Discussion

5. RESULT AND DISCUSSION

The major object of the study was to find out the level of using different medical system in the treatment of different disease in Bangladesh. Both the major and minor findings of the study are as follows:

5.1 Have you suffered from any diseases in the three months? If you then which type of medical system used?

The first part of my questionnaire was the condition of health and the use of different medical system. The first part contained this segment. Different types of diseases were found and different types of medical systems had been used to treat these diseases. The diseases and the medical systems found for the treatment of those diseases are as follows:

5.1.1 Fever, Cold and Cough:

I found total five types of medical system that were used by the people in my survey areas to treat fever, cold and cough. In different areas of Dhaka city, 73, 5, 6, 6 and 6 were found for allopathic, ayurvedic, homeopathy, family folk medicine and no treatment at all respectively. In the slum of Dhaka city, 14, 5 were found for allopathic and homeopathy respectively. 6 persons were found for those who did not take any treatment at all. No one was found for ayurvedic and family folk medicine. In Nobabgonj (urban), 51, 6, 4 were found for allopathic, homeopathy and family folk medicine respectively. In Nobabgonj (rural), 51, 7, 5 were found for allopathic, homeopathy and family folk medicine respectively. No one was found for ayurvedic and no treatment at all in both the urban and rural areas of nobabgonj.

Table 01: Different medical system used to treat fever, cold and cough

Areas	Allopathic	Ayurvedic	Homeopathy	Family folk medicine	No treatment at all
Dhaka City	73	5	6	6	6
Dhaka City (Slum)	14	0	5	0	6
Nobabgonj (urban)	51	0	6	4	0
Nobabgonj (rural)	51	0	7	5	0
Total no. of use	189	5	24	15	12

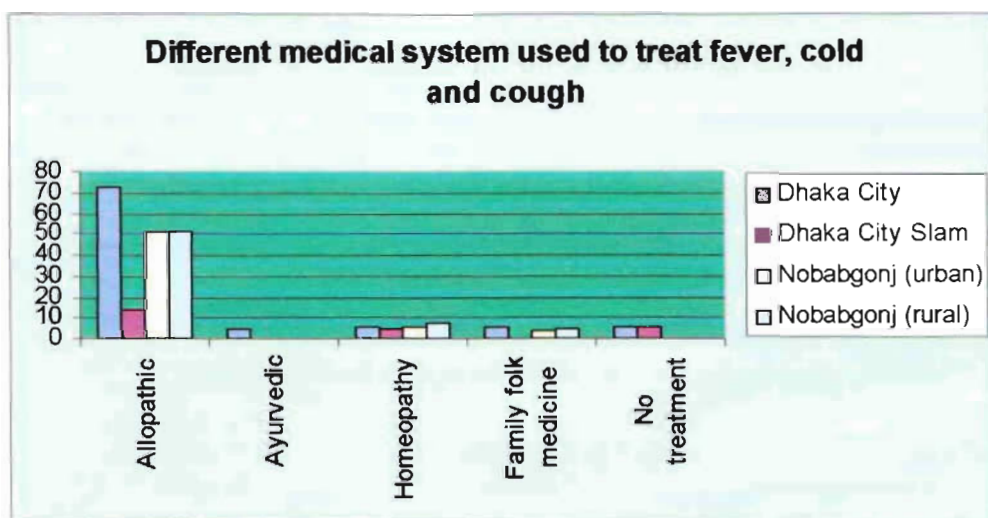


Figure 01: Different medical system used to treat fever, cold and cough

5.1.2 Body Pain:

From the result, combining all the area 72 found for allopathic, 12 for ayurvedic, 8 for homeopathy, 7 for family folk medicine, 9 for faith healers and only one for both acupuncture and acupressure to treat different types of body pain.

Table 02: Different medical system used to treat body pain

Medical system	Dhaka city	Dhaka city (slum)	Nobabgonj (urban)	Nobabgonj (rural)	Total no. of use
Allopathic	26	5	27	14	72
Ayurvedic	4	2	2	4	12
Homeopathy	0	0	0	8	8
Family folk medicine	2	0	3	2	7
Faith healers	3	4	0	2	9
Acupuncture	1	0	0	0	1
Acupressure	1	0	0	0	1

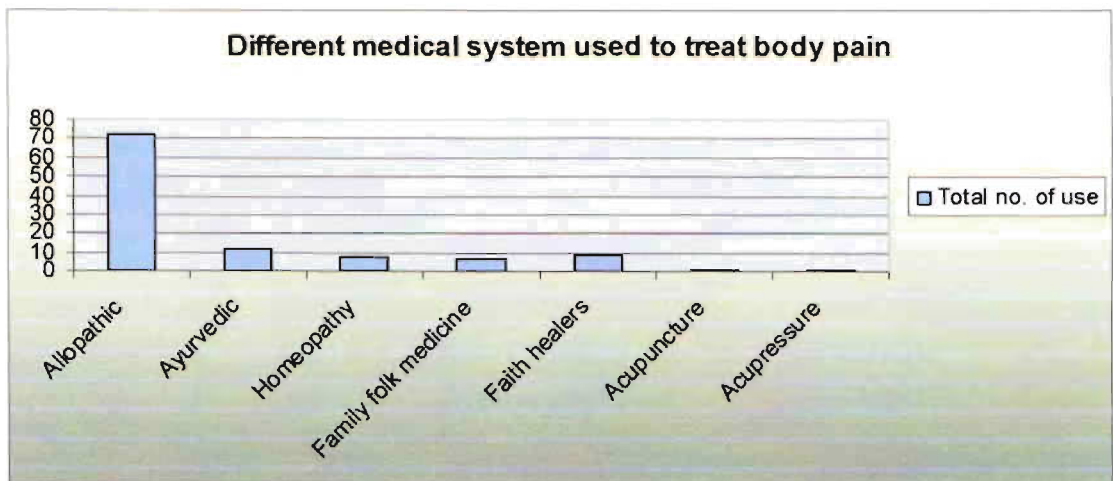


Figure 02: Different medical system used to treat body pain

5.1.3 Diarrhea, Dysentery and Constipation:

From the result, the total no. of use of allopathic, ayurvedic, faith healers and family folk medicine were 64, 5, 6 and 4 respectively. Five was found those who did not take any medicine.

Table 03: Different medical system used to treat diarrhea, dysentery and constipation

Areas	Allopathic	Ayurvedic	Faith healers	Family folk medicine	No treatment
Dhaka City	22	1	1	2	0
Dhaka City (Slum)	17	0	3	0	5
Nobabgonj (urban)	13	0	2	0	0
Nobabgonj (rural)	12	4	0	2	0
Total no. of use	64	5	6	4	5

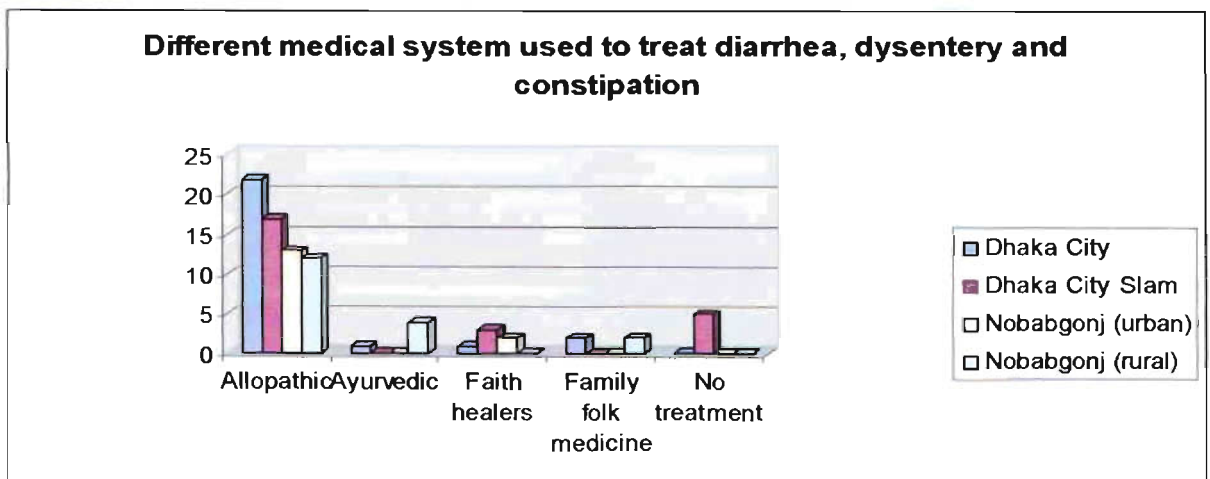


Figure 03: Different medical system used to treat diarrhea, dysentery and constipation.

5.1.4 Gastric/ Ulcer:

From the result, two types of medical system were found to treat gastric/ ulcer in my survey. These were allopathic and unani. Only one use of unani system was found in Dhaka city. It was not found in other three regions. For allopathic system, 24, 6, 12 and 8 were found in Dhaka city, slum of Dhaka city, urban and rural areas of Nobabgonj respectively.

Table 04: Different medical system used to treat Gastric/ Ulcer

Medical system	Dhaka City	Dhaka City (slum)	Nobabgonj (urban)	Nobabgonj (rural)	Total no. of use
Allopathic	24	6	12	8	50
Unani	1	0	0	0	1

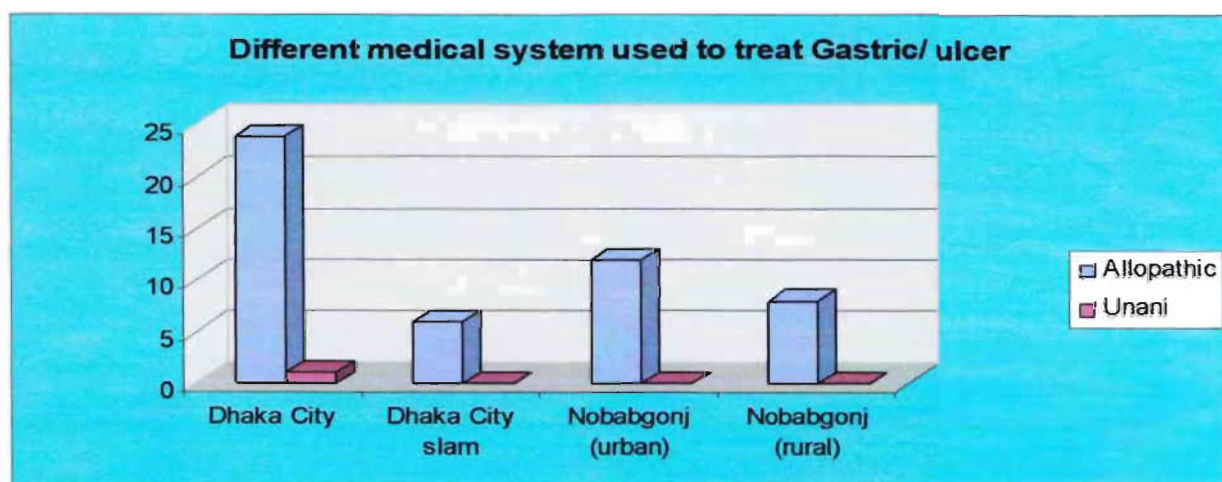


Figure 04: Different medical system used to treat Gastric/ Ulcer

5.1.5 Rheumatic Arthritis:

I found five types of medical system that were used by the persons on which this survey conducted to treat rheumatic arthritis. From the result, combining all the area 23 found for allopathic, 13 for ayurvedic, 2 for homeopathy, 2 for family folk medicine and 2 for faith healers.

Table 05: Different medical system used to treat rheumatic arthritis

Areas	Allopathic	Ayurvedic	Homeopathy	Faith healers	Family folk medicine
Dhaka City	7	3	0	0	0
Dhaka City Slum	2	2	0	0	0
Nobabgonj (urban)	8	4	0	0	2
Nobabgonj (rural)	6	4	2	2	0
Total no. of use	23	13	2	2	2

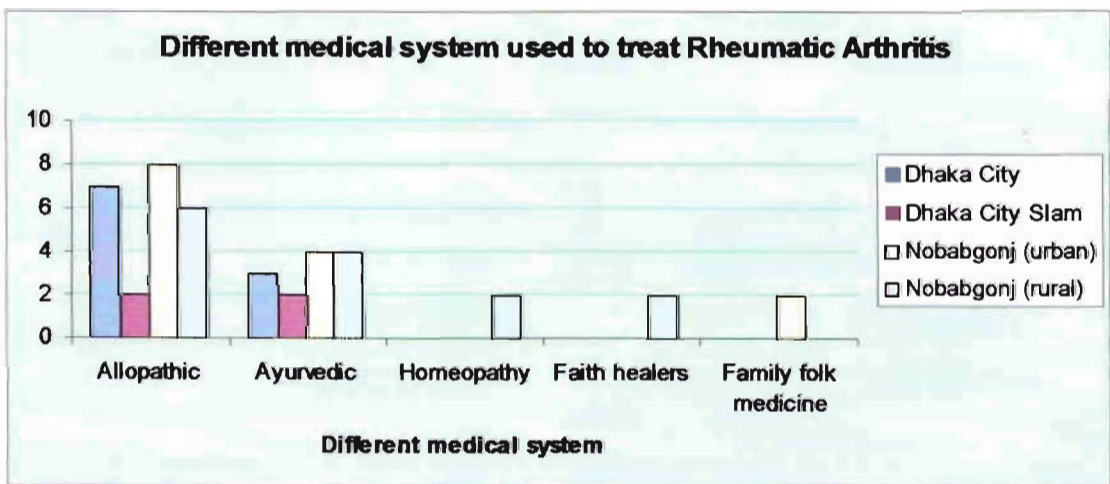


Figure 05: Different medical system used to treat rheumatic arthritis

5.1.6 Asthma:

From the result, in different areas of Dhaka city, 5, 2 and 2 were found for allopathic, homeopathy and family folk medicine respectively. In the slum of Dhaka city, 4 and 3 were found for allopathic and homeopathy respectively. No one was found for family folk medicine. In Nobabgonj (urban), 15, 6, 3 were found for allopathic, homeopathy and family folk medicine respectively. In Nobabgonj (rural), 8, 4, and 2 were found for allopathic, homeopathy and family folk medicine respectively.

Table 06: Different medical system used to treat asthma

Areas	Allopathic	Homeopathy	Family folk medicine
Dhaka City	5	2	2
Dhaka City (Slum)	4	3	0
Nobabgonj (urban)	15	6	3
Nobabgonj (rural)	8	4	2
Total no. of use	32	15	7

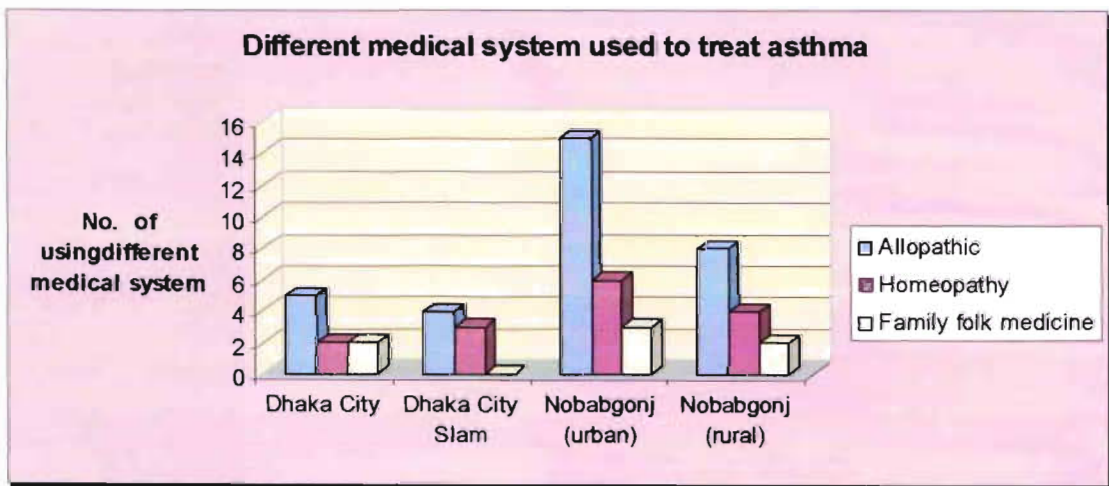


Figure 06: Different medical system used to treat asthma.

5.1.7 Allergy and Itching:

I found four types of medical system that were used by the persons on which this survey conducted to treat allergy and itching. From the result, combining the three areas 28 found for allopathic, 3 for ayurvedic, 6 for homeopathy and 2 for family folk medicine. In the slum of Dhaka city sample of allergy and itching was not found.

Table 07: Different medical system used to treat allergy and itching.

Areas	Allopathic	Ayurvedic	Homeopathy	Family folk medicine
Dhaka City	16	3	4	2
Nobabgonj (urban)	8	0	0	0
Nobabgonj (rural)	4	0	2	0
Total no. of use	28	3	6	2

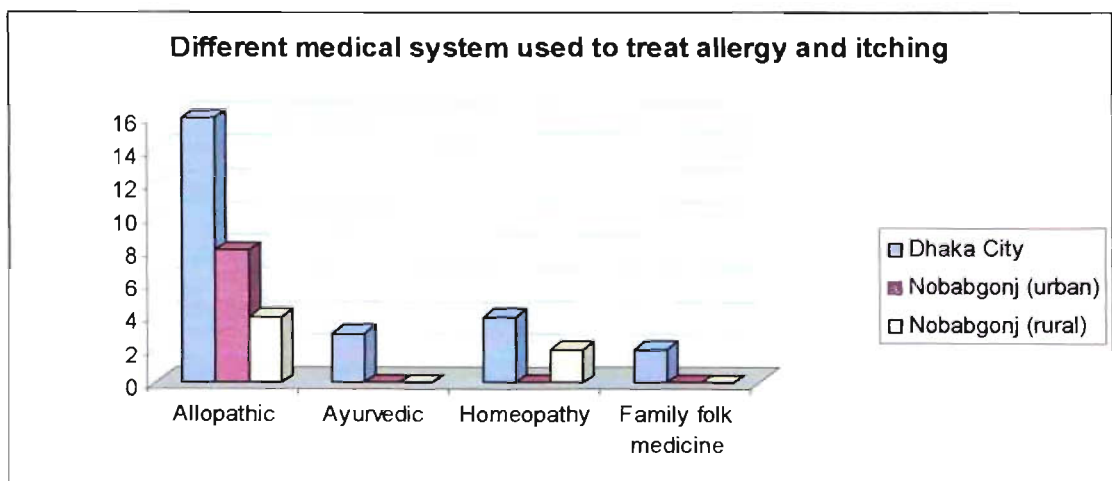


Figure 07: Different medical system used to treat allergy and itching.

5.1.8 Jaundice:

From the result, four types of medical system were found to treat jaundice in my survey. These were allopathic, ayurvedic, homeopathy and faith healers. Combining all the area 15 were found for allopathic, 7 for ayurvedic, 8 for faith healers and only one for homeopathy.

Table 08: Different medical system used to treat jaundice

Areas	Allopathic	Ayurvedic	Homeopathy	Faith healers
Dhaka City	6	0	0	1
Dhaka City (Slum)	2	3	0	2
Nobabgonj (urban)	3	2	0	3
Nobabgonj (rural)	4	2	1	2
Total no. of use	15	7	1	8

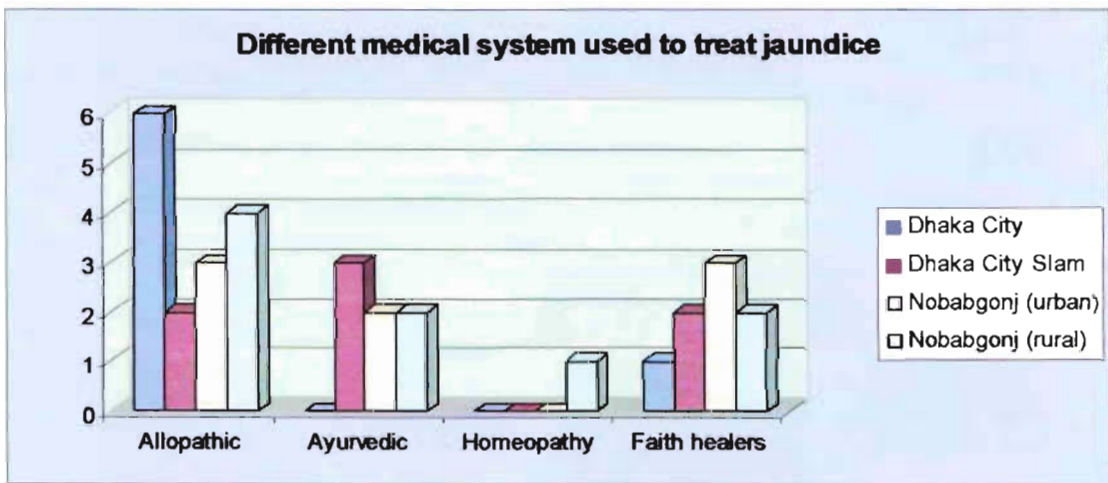


Figure 08: Different medical system used to treat jaundice.

5.1.9 High Blood Pressure and Cardiac Problem:

Level of use of different medical system

From the result, I found three types of medical system that were used by the people in my survey areas to treat high blood pressure and cardiac problem. In Dhaka city, 27, 3 and 2 were found for allopathic, ayurvedic and homeopathy respectively. In the slum of Dhaka city, 1, 2 were found for allopathic and homeopathy respectively. No one was found for ayurvedic system and in Nobabgonj (urban), 13, 2 and 2 were found for allopathic, ayurvedic and homeopathy respectively. In Nobabgonj (rural), 5 were found for allopathic and only one was found for both ayurvedic and homeopathy.

Table 09: Different medical system used to treat high blood pressure and cardiac problem.

Areas	Allopathic	Ayurvedic	Homeopathy
Dhaka City	27	3	2
Dhaka City (Slum)	1	0	2
Nobabgonj (urban)	13	2	2
Nobabgonj (rural)	5	1	1
Total no. of use	46	6	7



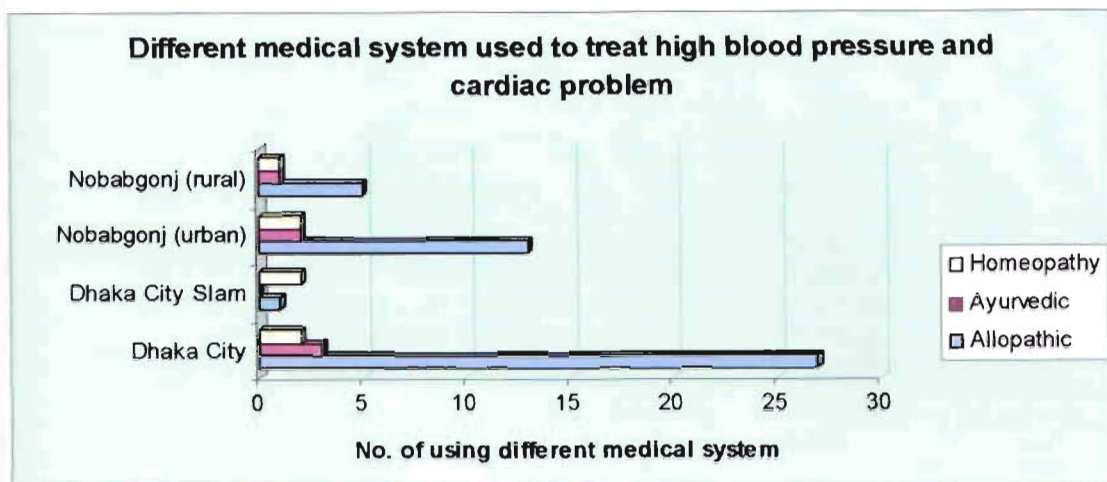


Figure 09: Different medical system used to treat high blood pressure and cardiac problem.

5.1.10 Pneumonia:

From the result, two types of medical system were found to treat pneumonia in my survey. These were allopathic and homeopathy. For allopathic system, 2, 3, 6 and 10 were found in Dhaka city, slum of Dhaka city, urban and rural areas of Nobabgonj respectively. For homeopathy, 1, 2 and 4 were found in Dhaka city, urban and rural areas of Nobabgonj respectively. For homeopathy no one was found in the slum of Dhaka city to treat pneumonia in my survey.

Table 10: Different medical system used to treat pneumonia.

Medical system	Dhaka City	Dhaka City (slum)	Nobabgonj (urban)	Nobabgonj (rural)	Total no. of use
Allopathic	2	3	6	10	21
Homeopathy	1	0	2	4	7

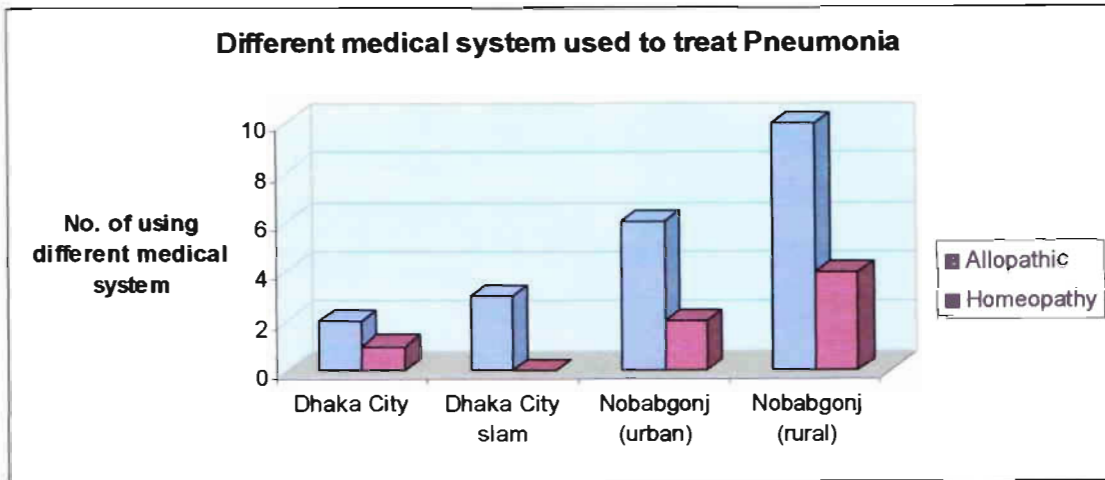


Figure 10: Different medical system used to treat pneumonia.

5.1.11 Eczema:

From the result, four types of medical system were found to treat eczeme in my survey. These were allopathic, ayurvedic, homeopathy and snake charmer. Combining all the areas 11 were found for allopathic, 1 for ayurvedic, 3 for snake charmer and 4 for homeopathy.

Table 11: Different medical system used to treat eczema

Areas	Allopathic	Ayurvedic	Homeopathy	Snake charmer
Dhaka City	6	0	2	2
Nobabgonj (urban)	3	0	1	0
Nobabgonj (rural)	2	1	0	2
Total no. of use	11	1	3	4

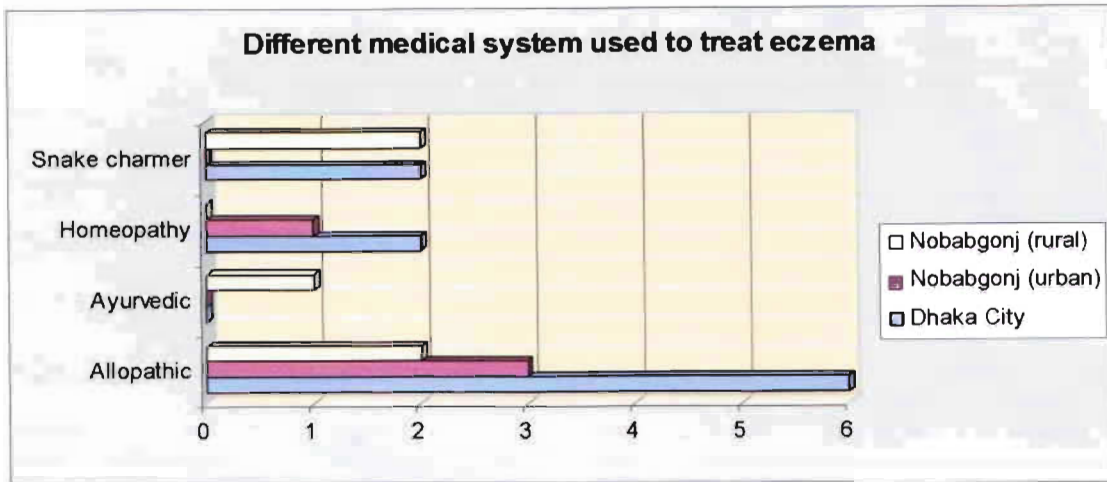


Figure 11: Different medical system used to treat eczema

5.1.12 Fracture of leg and hand:

I found two types of medical system that were used by the persons on which this survey conducted to treat fracture of leg and hand. From the result, combining the three areas 22 found for allopathic and 3 for ayurvedic. In the slum of Dhaka city sample of fracture (leg and hand) was not found.

Table 12: Different medical system used to treat fracture of leg and hand

Areas	Allopathic	Ayurvedic
Dhaka City	3	0
Nobabgonj (urban)	7	1
Nobabgonj (rural)	12	2
Total no. of use	22	3

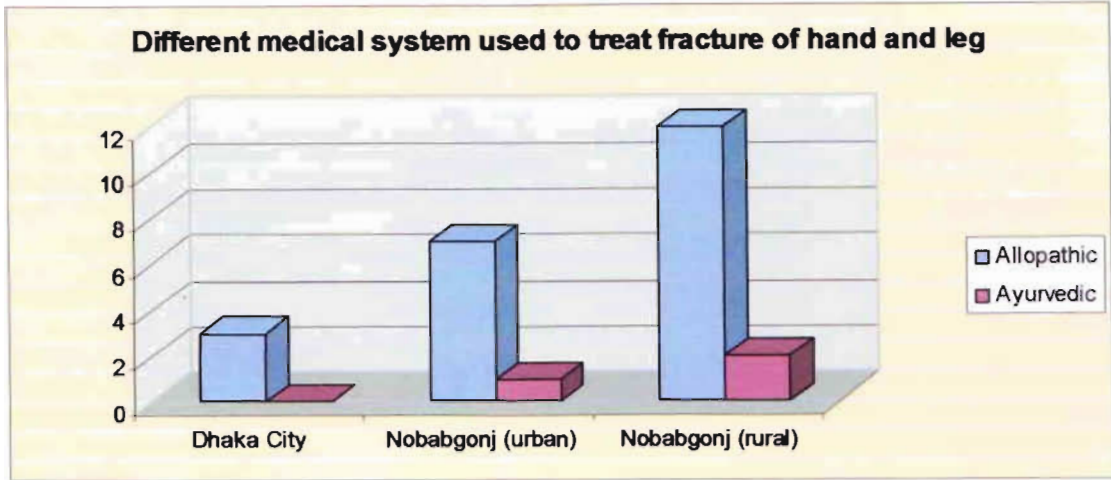


Figure 12: Different medical system used to treat fracture of leg and hand

5.1.13 Toothache and Tooth Related Problem:

This disease was found in Dhaka city and Nobabgonj (urban). From my survey, no sample was found in the slum of Dhaka city and rural areas of Nobabgonj for that disease. From the result, 9 for allopathic, 4 for ayurvedic and 2 for unani.

Table 13: Different medical system used to treat toothache and tooth related problem

Areas	Allopathic	Ayurvedic	Unani
Dhaka City	7	2	2
Nobabgonj (urban)	2	2	0
Total	9	4	2

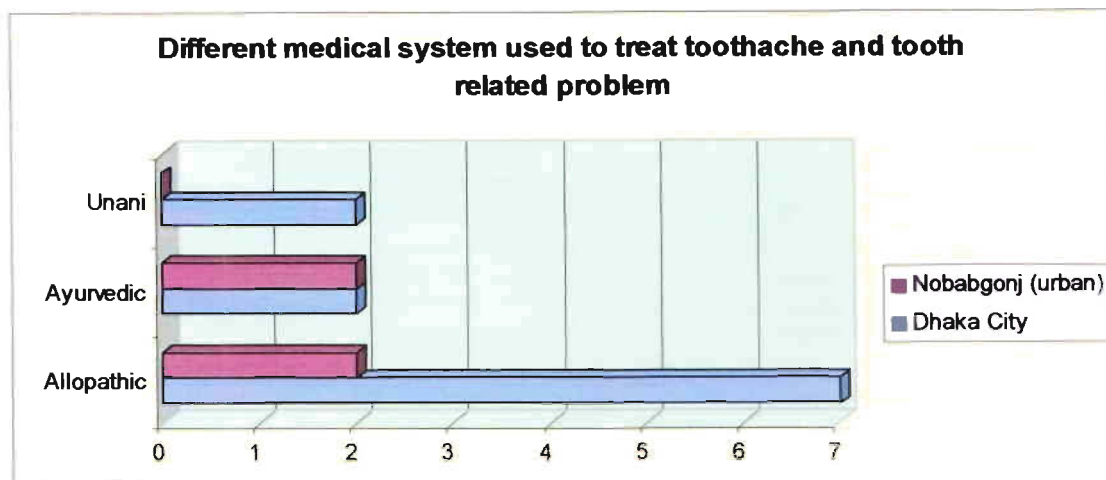


Figure 13: Different medical system used to treat toothache and tooth related problem

5.1.14 Skin Disease:

This disease was found only in the different areas of Dhaka city. From my survey, no sample was found in the slum of Dhaka city and urban and rural areas of Nobabgonj for skin disease. From the result, 4 for allopathic, 2 for ayurvedic, 2 for homeopathy, 4 for unani and only one was found for family folk medicine to treat skin disease.

Table 14: Different medical system used to treat skin disease.

Disease	Allopathic	Ayurvedic	Homeopathy	Unani	Family folk medicine
Skin disease	4	2	2	4	1

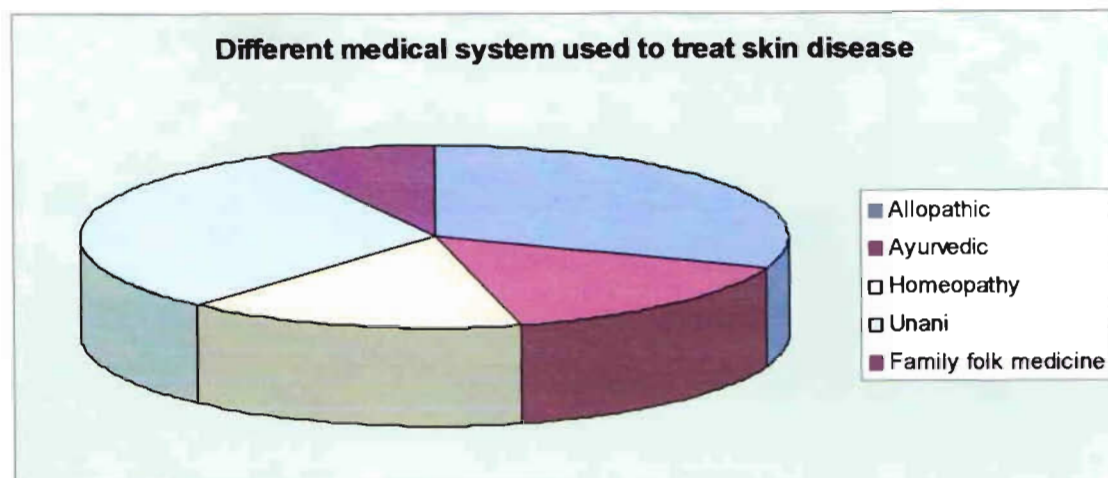


Figure 14: Different medical system used to treat skin disease

5.1.15 Piles:

This disease was found only in the Dhaka city. From my survey, no sample was found in the slum of Dhaka city and urban and rural areas of Nobabgonj for piles. From the result, 3 for allopatic, 2 for ayurvedic, 3 for homeopathy, 2 for unani and only one was found for faith healers to treat piles.

Table 15: Different medical system used to treat piles

Disease	Allopathic	Ayurvedic	Homeopathy	Unani	Faith healers
Piles	3	2	3	2	1

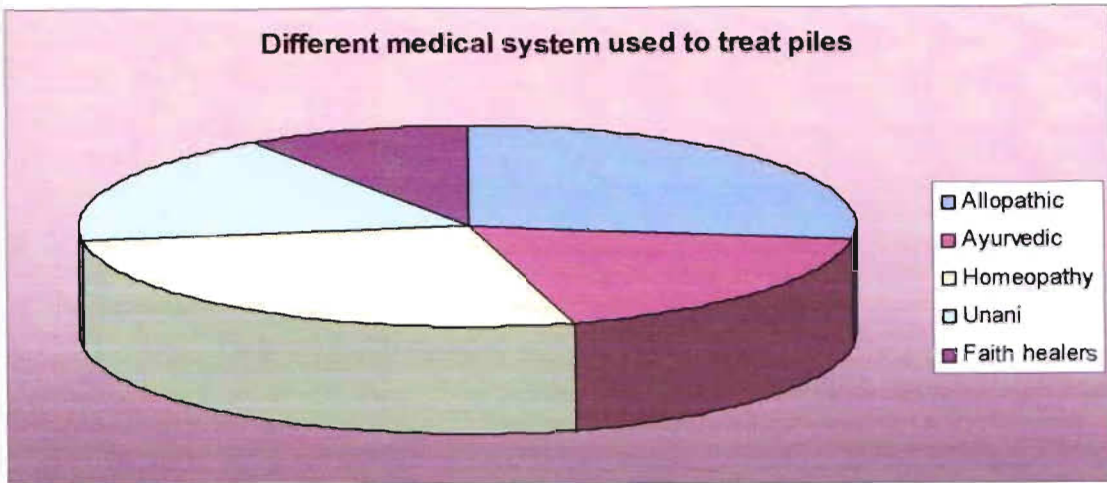


Figure 15: Different medical system used to treat piles

5.1.16 Diabetes, Tuberculosis, Ear Infection, Eye Related Problem, Menstrual Problem, Hormonal Imbalance and Cancer:

For all those diseases, only one medical system found that had been used by the person that is allopath in my survey areas. From the result, 23 persons were used only allopath system for diabetes. For tuberculosis, ear infection, eye related problem (cataract, vision disorder), menstrual problem, hormonal imbalance and cancer it was 6, 5, 15, 12, 3 and 2 respectively.

Table 16: Diabetes, Tuberculosis, Ear Infection, Eye Related Problem, Menstrual Problem, Hormonal Imbalance and Cancer (Only allopath system was used to treat different disease)

Disease	Allopath
Diabetes	23
Tuberculosis	6

Ear Infection	5
Eye Related Problem	15
Menstrual Problem	12
Hormonal Imbalance	3
Cancer	2

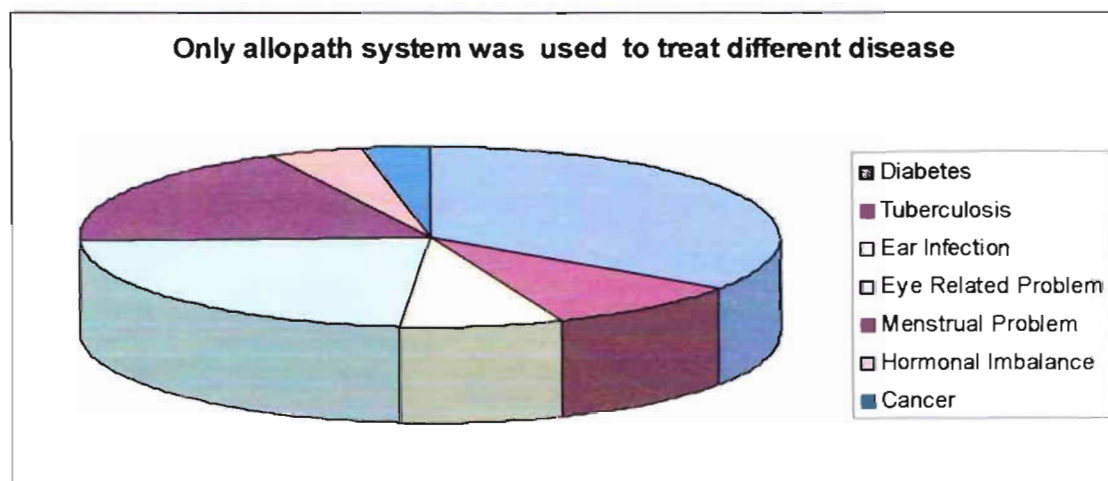


Figure 16: Diabetes, Tuberculosis, Ear Infection, Eye Related Problem, Menstrual Problem, Hormonal Imbalance and Cancer (Only allopath system was used to treat different disease)

5.1.17 Tonsil and Sexual Disease:

I was found tonsil only in Dhaka city. From the result, people who had this disease were 6 in no., from which 5 were used allopathic and only one was used ayurvedic system. In the case of sexual disease, I found this disease in Nobabgonj urban and rural areas. From the result, in Nobabgonj rural, 6 and 2 persons were used ayurvedic and allopathic respectively. In Nobabgonj urban, 2 persons were used allopathic system and no one found for ayurvedic system.

Table 17: Different medical system used to treat tonsil and sexual disease

Disease	Allopathic	Ayurvedic	Total
Tonsil	5	1	6
Sexual disease	4	6	10

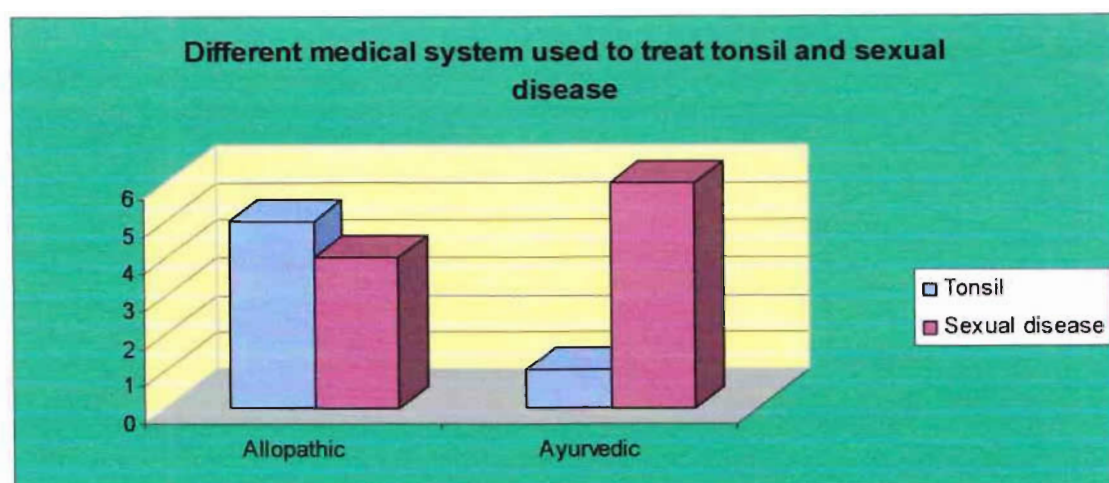


Figure 17: Different medical system used to treat tonsil and sexual disease

5.1.18 Urinary Tract Infection (UTI) and Snake Bite:

From the result, only 4 persons were found who had urinary tract infection in Dhaka city. No one was found in my other survey areas. From 4, 3 were used allopathic system and one was not taken any treatment. For snake bite, 2 persons were found in Nobabgonj rural area. One of them was taken treatment from faith healer and another one was taken treatment from snake charmer.

Table 18: Different medical system used to treat UTI

Disease	Allopathic	No treatment	Total
UTI	3	1	4

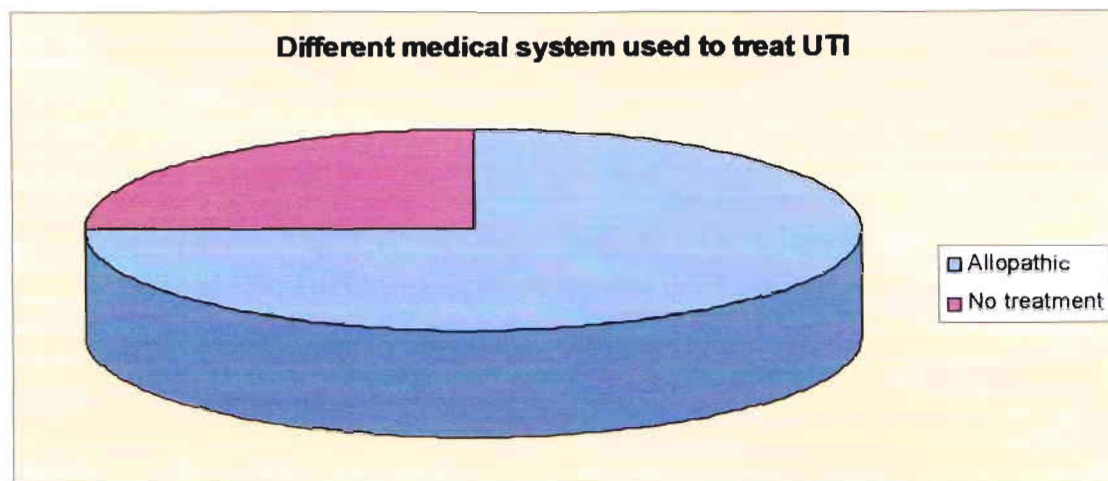


Figure 18: Different medical system used to treat UTI

Table 19: Different medical system used to treat snake bite

Disease	Faith healer	Snake charmer	Total
Snake bite	1	1	2

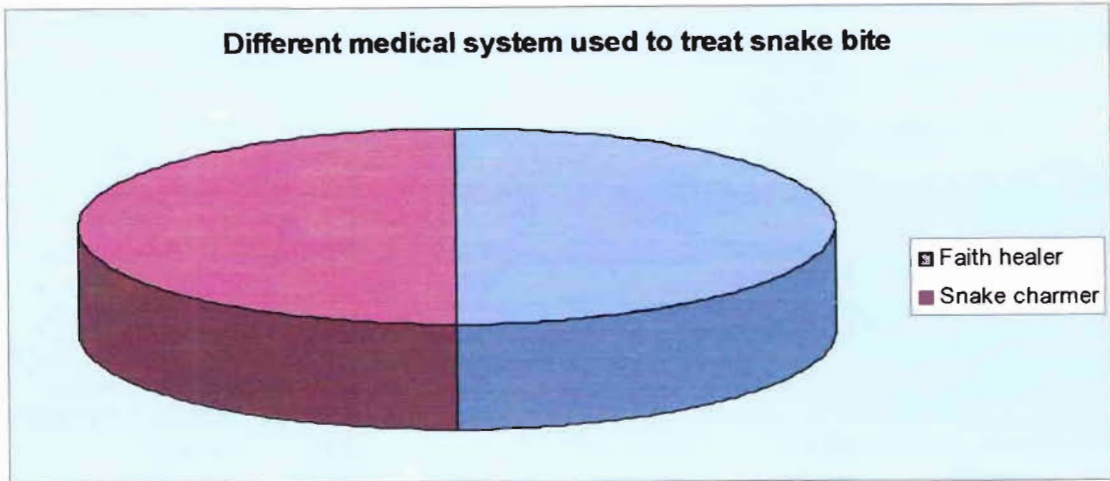


Figure 19: Different medical system used to treat snake bite

5.1.19 No. of use of different medical system:

I found total no. of use of different medical system was 916 in my survey areas.

From which, total use of allopath system was 667, 69 for ayurvedic, 76 for homeopathy, 9 for unani. Only one use was found both for acupuncture and acupressure. 5 for snake charmer, 26 for faith healer, 44 for family folk medicine and 18 persons were found those who did not take any medicine. In my survey, I did not found any use of shiddha, mogha and naturopathy system.

Table 20: No. of use of different medical system

Medical system	No. of use of different medical system
Allopath	667
Ayurvedi	69
Unani	9

Level of use of different medical system

Homeopathy	76
Acupuncture	1
Acupressure	1
Snake Charmer	5
Faith healer	26
Family Folk Medicine	44
No treatment At All	18
Shiddha	0
Mogha	0
Naturopathy	0
Total	916

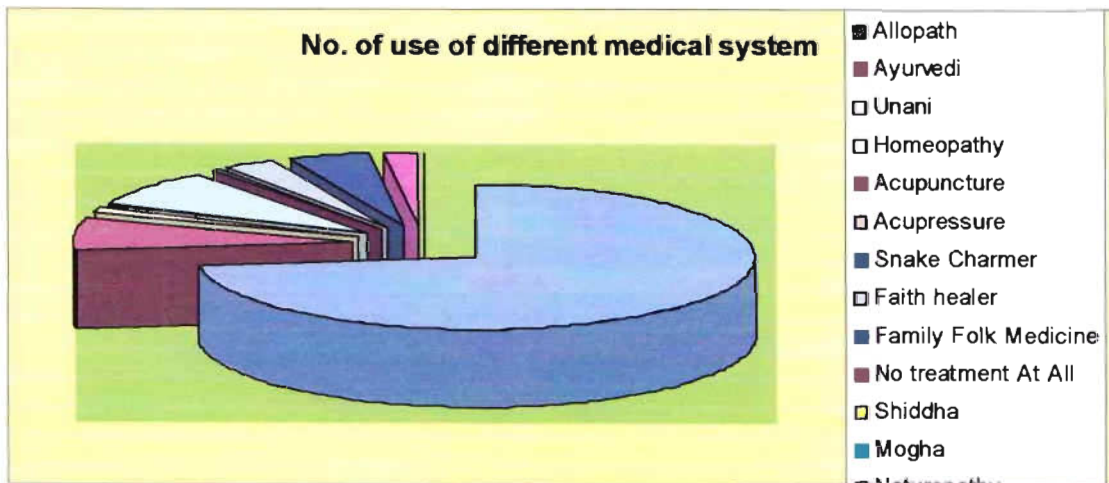


Figure 20: No. of use of different medical system

5.1.20 Percentage of use of different medical system:

From the result, use of allopath system was 72.816%, 7.533% for ayurvedic, 8.297% for homeopathy, 0.983% for unani. 0.109% was both for acupuncture and acupressure. 0.546% for snake charmer, 2.838% for faith healer, 4.803% for family folk medicine and 1.965% were for no treatment at all. In my survey, I did not found any use of shiddha , mogha and naturopathy system (0%).

Table 21: Percentage of use of different medical system

Medical system	% of use of different medical system
Allopath	72.816%
Ayurvedi	7.533%
Unani	0.983%
Homeopathy	8.297%
Acupuncture	0.109%
Acupressure	0.109%
Snake Charmer	0.546%
Faith healer	2.838%
Family Folk Medicine	4.803%
No treatment At All	1.965%
Shiddha	0%
Mogha	0%
Naturopathy	0%

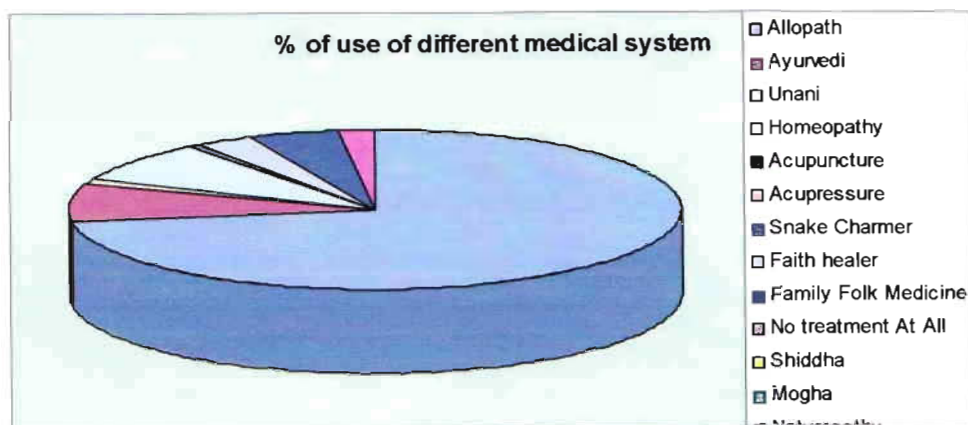


Figure 21: Percentage of use of different medical system

5.2.0 What were the reasons of using that/ those particular medical systems? (In Dhaka city)

The first part of the questionnaire was included this segment. This segment was divided into five categories. These were works well, less costly, cure faster, less side-effect and from belief. In Dhaka city, I was found ten types of medical system that had been used by the persons on which this survey was conducted. These systems were Allopathic, Ayurvedic / Kobiraji, Unani/ Hakimi, Homeopathy, Acupuncture, Acupressure, Snake charmers, Faith healers (tabij, pani pora, tel pora, jherphuk etc), Family folk medicines and no treatment at all. This segment was not applicable for those who do not take any treatment for the diseases and the no. of those were 18. From result, combining all the medical systems 234 were found with works well, 29 were found with less costly. 97 were mentioned cure faster, 17 were less side-effect and from belief 106 were found.

Table 22: The reasons of using particular medical systems (In Dhaka city)

Medical system	Works well	Less costly	Cure faster	Less side-effect	From Belief
Allopathic	180	12	95	2	75
Ayurvedic	20	6	0	2	8
Unani	7	2	0	4	5

Homeopathy	12	5	1	4	8
Family folk medicines	11	2	1	4	4
Faith healers	2	2	0	0	3
Snake charmers	0	0	0	0	2
Acupuncture	1	0	0	1	0
Acupressure	1	0	0	0	1
Total	234	29	97	17	106

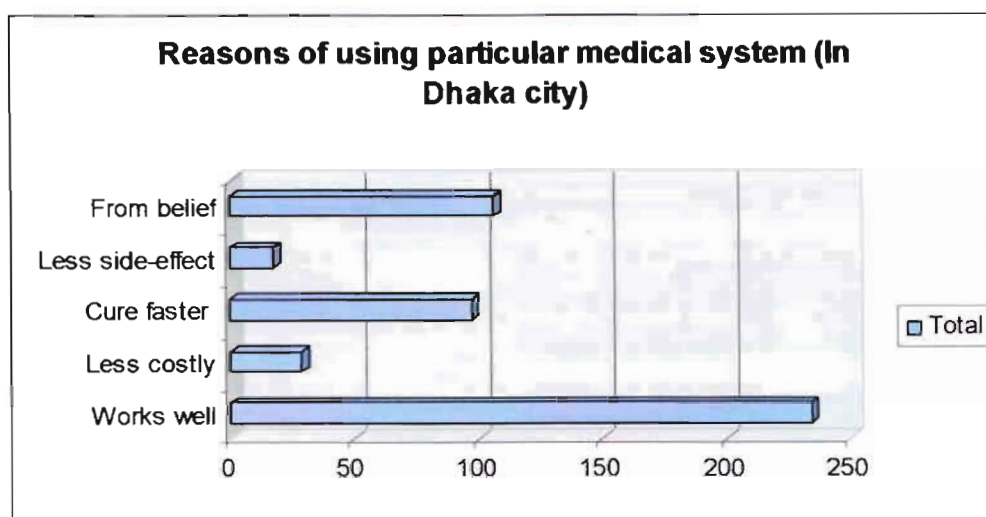


Figure 22: The reasons of using particular medical systems (In Dhaka city)

5.2.1 What were the reasons of using that/ those particular medical systems? (In Dhaka city slum)

In Dhaka city slum, I was found five types of medical system that had been used by the persons on which this survey was conducted. These systems were Allopathic,

Ayurvedic / Kobiraji, Homeopathy, Faith healers (tabij, pani pora, tel pora, jherphuk etc) and no treatment at all. From result, combining all the medical systems 55 were found with works well, 27 were found with less costly. 20 were mentioned cure faster, 4 were less side-effect and from belief 14 were found.

Table 23: The reasons of using particular medical systems (In Dhaka city slum)

Medical system	Works well	Less costly	Cure faster	Less side-effect	From Belief
Allopathic	35	10	15	0	4
Ayurvedic	6	4	2	2	2
Homeopathy	8	6	2	2	2
Faith healers	6	7	1	0	6
Total	55	27	20	4	14

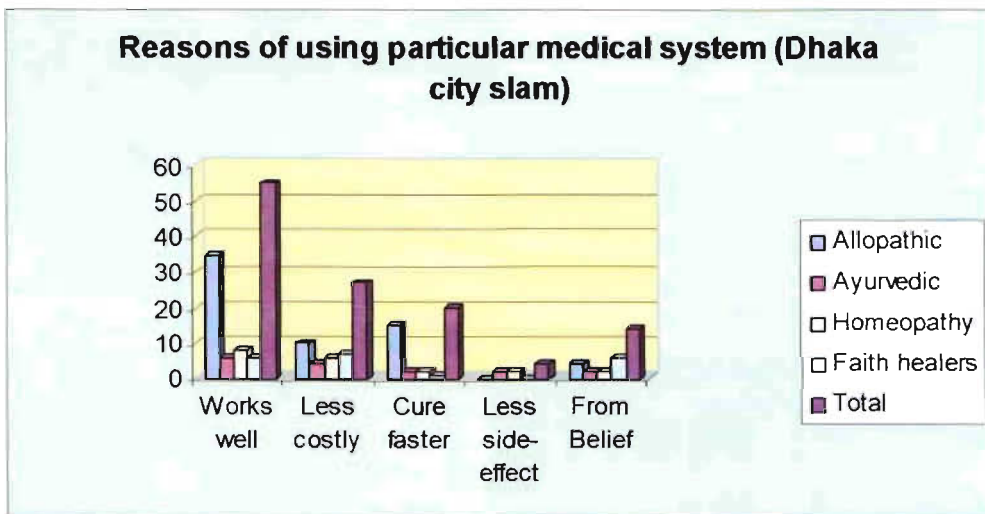


Figure 23: The reasons of using particular medical systems (In Dhaka city slum)

5.2.2 What were the reasons of using that/ those particular medical systems?

(Nobabgonj urban)

In Nobabgonj (urban), I was found five types of medical system that had been used by the persons on which this survey was conducted. These systems were Allopathic, Ayurvedic / Kobiraji, Homeopathy, Faith healers (tabij, pani pora, tel pora, jherphuk etc) and Family folk medicine. From result, combining all the medical systems 192 were found with works well, 49 were found with less costly. 42 were mentioned cure faster, 4 were less side-effect and from belief 50 were found.

Table 24: The reasons of using particular medical systems (Nobabgonj urban)

Medical system	Works well	Less costly	Cure faster	Less side-effect	From Belief
Allopathic	150	30	40	2	30
Ayurvedic	8	6	2	0	6
Homeopathy	16	5	0	2	4
Faith healers	4	4	0	0	2
Family folk medicine	14	4	0	0	8
Total	192	49	42	4	50



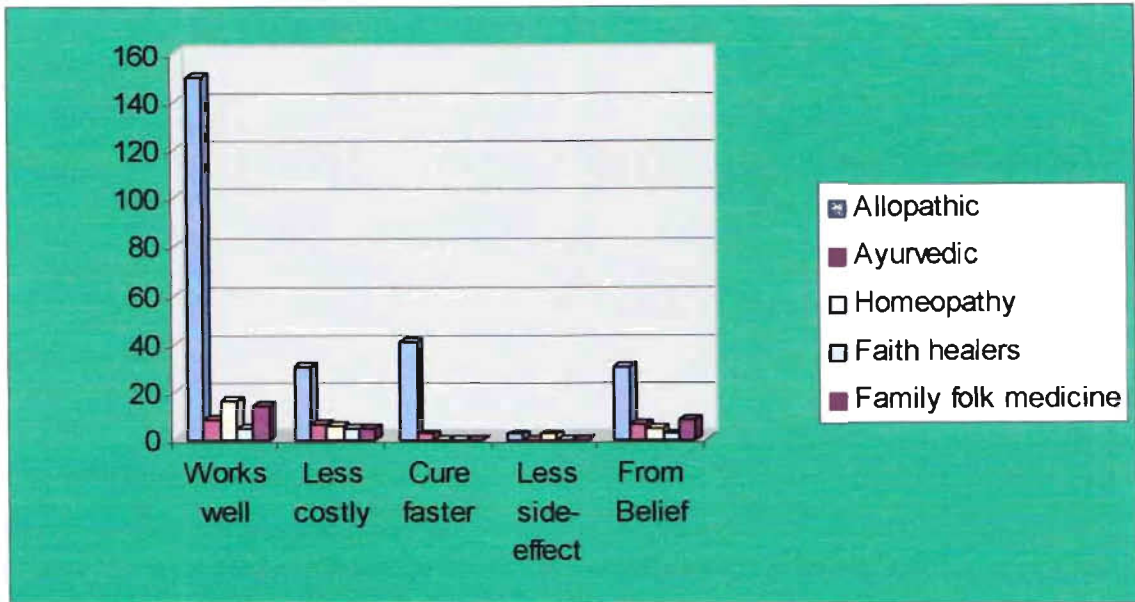


Figure 24: The reasons of using particular medical systems (Nobabgonj urban)

5.2.3 What were the reasons of using that/ those particular medical systems? (Nobabgonj rural)

In Nobabgonj (rural), I was found six types of medical system that had been used by the persons on which this survey was conducted. These systems were Allopathic, Ayurvedic / Kobiraji, Homeopathy, Snake charmers, Faith healers (tabij, pani pora, tel pora, jherphuk etc) and Family folk medicine. From result, combining all the medical systems 223 were found with works well, 70 were found with less costly. 32 were mentioned cure faster, from belief 48 were found and no one mentioned about less side-effect.

Table 25: The reasons of using particular medical systems (Nobabgonj rural)

Medical system	Works well	Less costly	Cure faster	Less side-effect	From Belief
Allopathic	156	22	30	0	30
Ayurvedic	24	18	2	0	8
Homeopathy	18	16	0	0	4
Snake charmers	1	2	0	0	2
Faith healers	8	8	0	0	0
Family folk medicine	16	4	0	0	4
Total	223	70	32	0	48

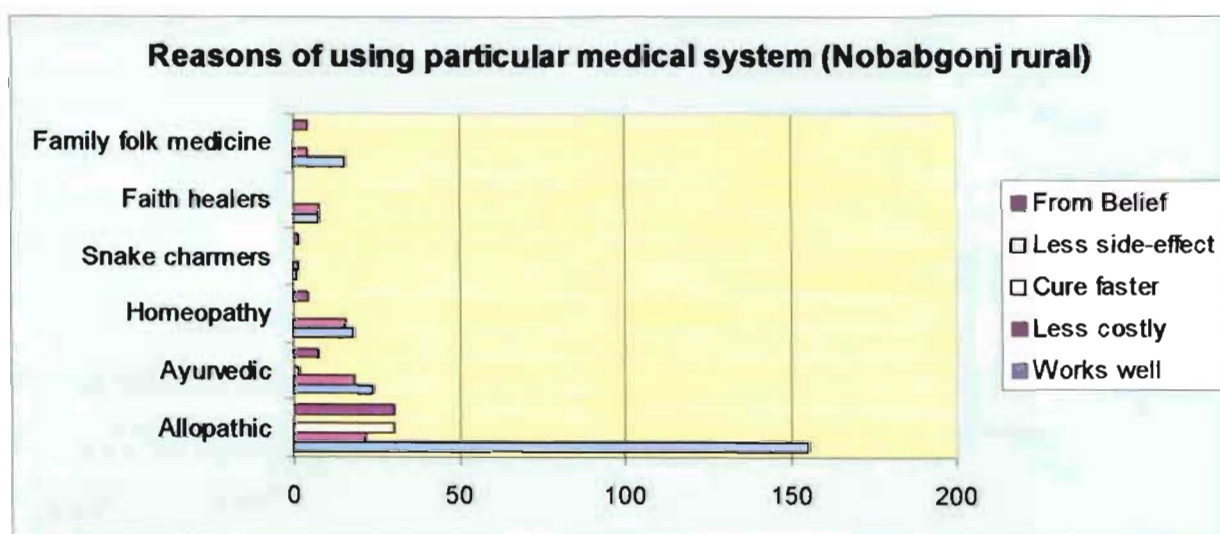


Figure 25: The reasons of using particular medical systems (Nobabgonj rural)

5.3.0 Whether the diseases were cured after taking the particular medical system?

(For allopathic, Ayurvedic and Homeopathy)

The first part of the questionnaire was included this segment. This segment was divided into three categories. These were yes, not really and not at all. From result, for Allopathic system, total no. of use was 667 from which 595, 68 and 4 were found for yes, not really and not at all respectively. In case of Ayurvedic system total no. of use was 69 from which 59, 10 and no one were found for yes, not really and not at all respectively. For Homeopathy, total no. of use was 76 from which 50 were found for yes, 17 and 9 were found for not really and not at all respectively.

Table26: Whether the diseases were cured? (For Allopathy, Ayurvedi and Homeopathy)

Medical system	Yes	Not really	Not at all	Total
Allopathic	595	68	4	667
Ayurvedic	59	10	0	69
Homeopathy	50	17	9	76

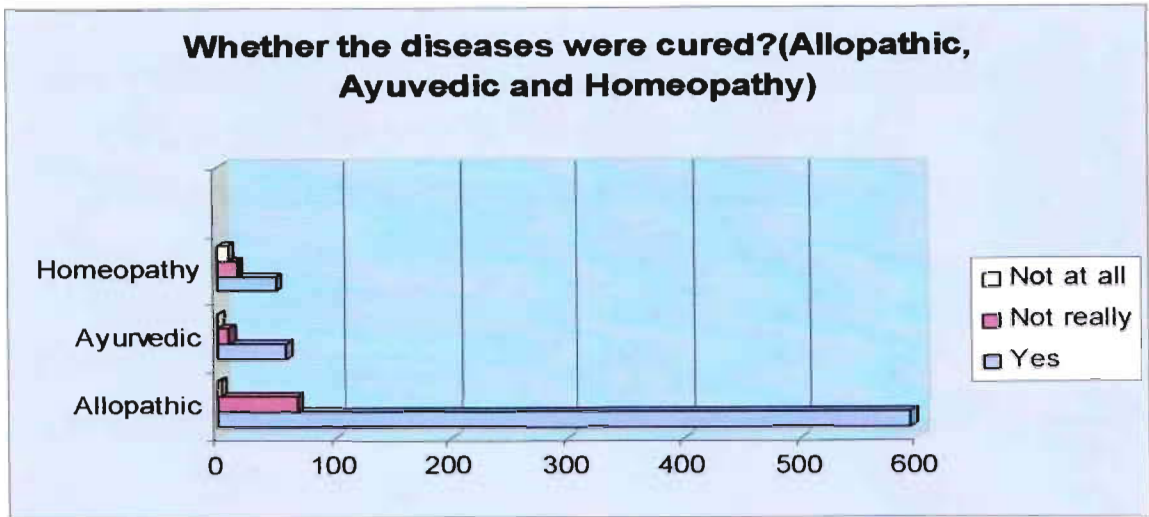


Figure 26: Whether the diseases were cured? (For Allopathy, Ayurvedi and Homeopathy)

5.3.1 Whether the diseases were cured after taking the particular medical system? (For Unani, Faith healers and Family folk medicine)

From the result, for Unani system, total no. of use was 9 from which 6, 3 and no one were found for yes, not really and not at all respectively. For Faith healers, total no. of use was 26 from which 16, 9 and only one were found for yes, not really and not at all respectively. In case of Family folk medicine, total no. of use was 44 from which 41 were found for yes, 3 and no one were found for not really and not at all respectively.

Table 27: Whether the diseases were cured? (For Unani, Faith healers and Family folk medicine)

Category	Unani	Faith healers	Family folk medicine
Yes	6	16	41
Not really	3	9	3
Not at all	0	1	0
Total	9	26	44

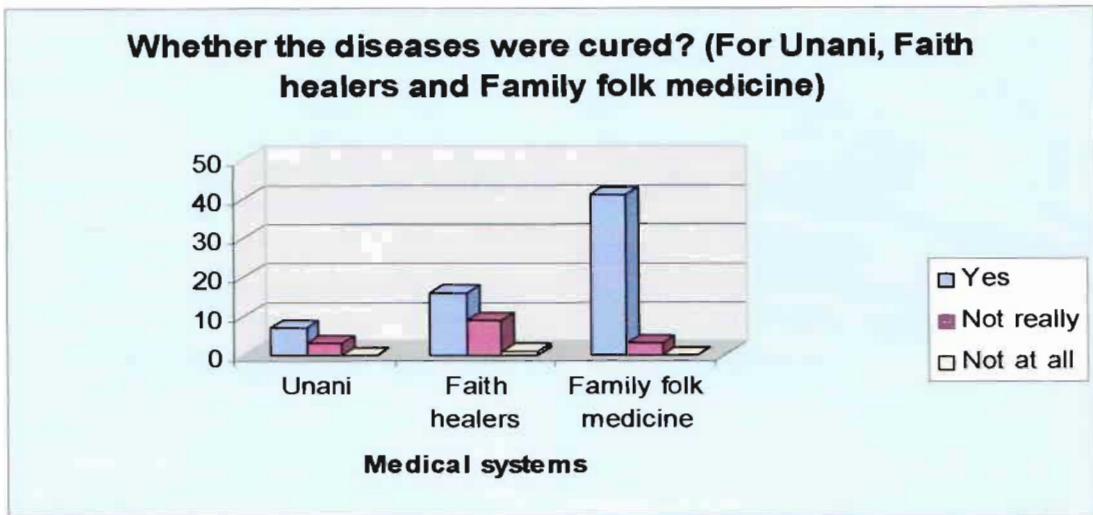


Figure 27: Whether the diseases were cured? (For Unani, Faith healers and Family folk medicine)

5.3.2 Whether the diseases were cured after taking the particular medical system? (For Acupuncture, Acupressure and Snake Charmers)

From the result, there was only one use in both of Acupuncture and Acupressure and in both cases yes was found. Thus the diseases were cured after using these medical systems. For Snake charmers, total no. of use was 5 from which only one, 4 and no one were found for yes, not really and not at all respectively.

Table 28: Whether the diseases were cured? (For Acupuncture, Acupressure and Snake Charmers)

Category	Acupuncture	Acupressure	Snake Charmers
Yes	1	1	1
Not really	0	0	4
Not at all	0	0	0
Total	1	1	5

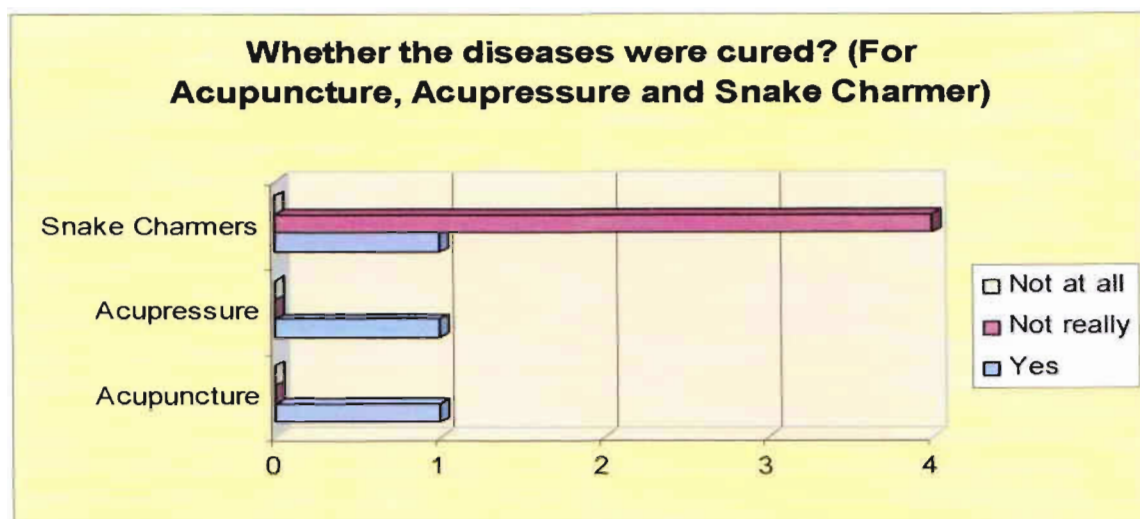


Figure 28: Whether the diseases were cured? (For Acupuncture, Acupressure and Snake Charmers)

5.3.3 Whether the diseases were cured after taking the particular medical system?

From the result, the total no. of use of different medical system was 916. From which 18 persons were not taken any treatment for the diseases, that's why this segment was not applicable for those. In this case the total no. of use of different medical system those used to treat the diseases were 898. From which 770 were for yes, 114 for not really and 14 for not at all.

Table 29: Whether the diseases were cured after taking the particular medical system? (Total no.)

Category	Total no.
Yes	770
Not really	114
Not at all	14

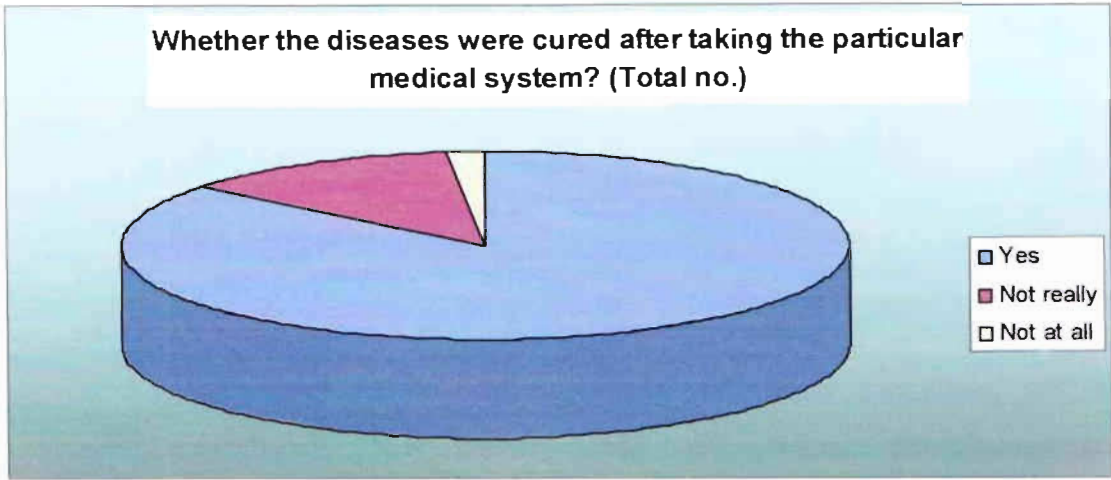


Figure 29: Whether the diseases were cured after taking the particular medical system? (Total no.)

5.4 Whether the medicines caused any side-effect?

This segment was categorized/ divided in to three groups. These are yes, no and not confirm. From the result, I found 809 for no, 52 for not confirm and 37 for yes. This segment was not applicable for those who do not take any treatment for the diseases and the no. of those were 18.

Table 30: Whether the medicines caused any side-effect?

Category	Total no.
No	809
Not confirmed	52
Yes	37

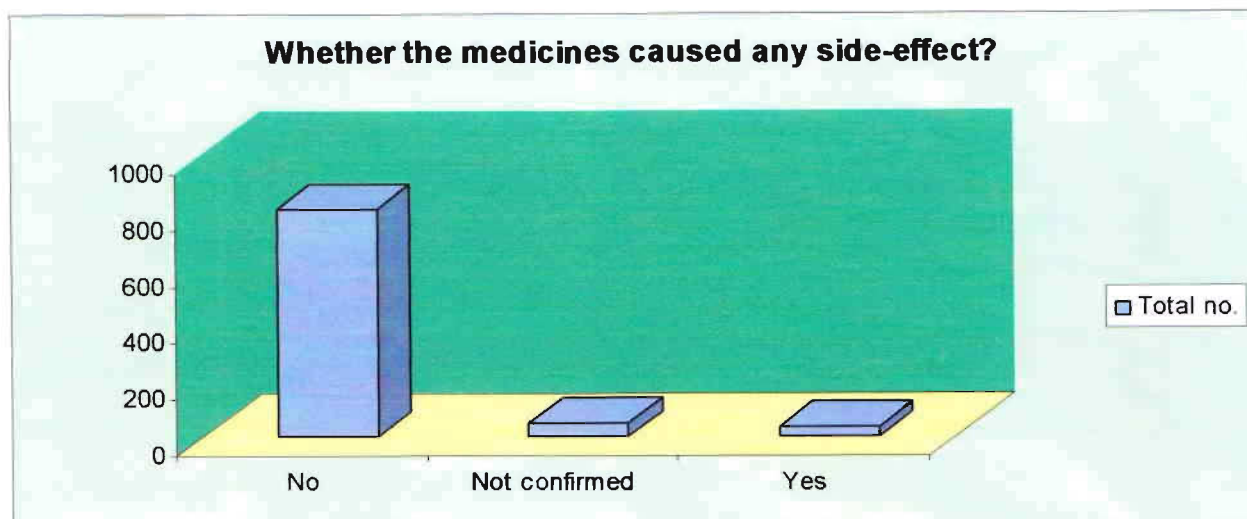


Figure 30: Whether the medicines caused any side-effect?

5.5.0 Do you think folk or traditional medicines are safer than modern medicines?

This segment was divided in to five categories. These were very much agreed, agreed, not confirmed, not agreed and not at all agreed. From the result, combining all the areas the highest 287 persons were agreed, 173 were not confirmed, 159 were very much agreed, 116 were not agreed and 65 were not at all agreed.

Table 31: Do you think folk or traditional medicines are safer than modern medicines?

Category	Dhaka city	Dhaka city (slum)	Nobabgonj (urban)	Nobabgonj (rural)	Total
Very much agreed	27	12	58	62	159
Agreed	116	35	58	78	287
Not confirmed	79	29	31	34	173
Not agreed	51	14	33	18	116
Not at all agreed	37	0	20	8	65

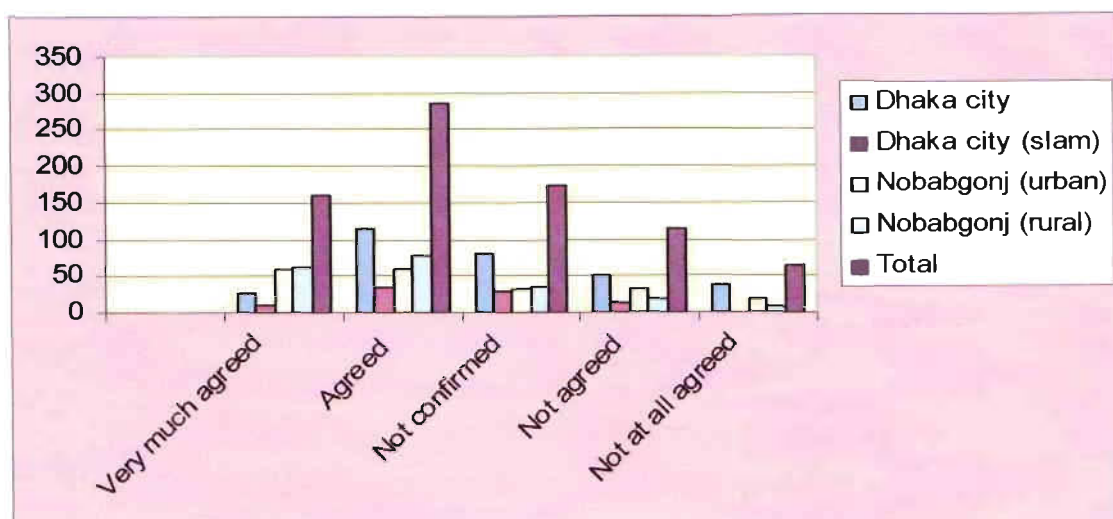


Figure 31: Do you think folk or traditional medicines are safer than modern medicines?

5.5.1 Do you think folk or traditional medicines are safer than modern medicines in the treatment of children?

This segment was divided in to five categories. These were very much agreed, agreed, not confirmed, not agreed and not at all agreed. From the result, combining all the areas the highest 208 persons were agreed, 207 were not confirmed, 140 were very much agreed, 181 were not agreed and 64 were not at all agreed.

Table 32: Do you think folk or traditional medicines are safer than modern medicines in the treatment of children?

Category	Dhaka city	Dhaka city (slum)	Nobabgonj (urban)	Nobabgonj (rural)	Total
Very much agreed	20	10	51	59	140
Agreed	63	19	56	70	208
Not confirmed	98	41	33	35	207
Not agreed	96	20	35	30	181
Not at all agreed	33	0	25	6	64

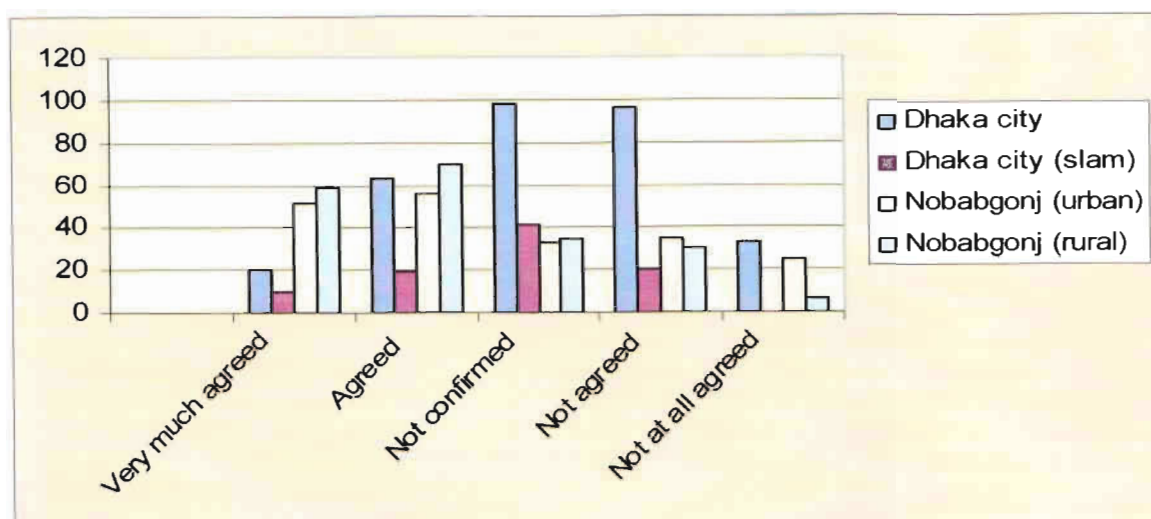


Figure 32: Do you think folk or traditional medicines are safer than modern medicines in the treatment of children?

5.6.0 Age distribution of respondents:

Total number of persons was 800. Age group was divided into six categories. At Dhaka city no. of persons from age group 20-29 was highest among the entire group with 91 persons and also at Dhaka city (slum), no. of persons from age group 20-29 is highest among the entire group with 30 persons. At Nobabgonj (urban), no. of persons from age group 20-29 was highest among the entire group with 70 persons and at Nobabgonj (rural), no of persons from age group 20-29 was highest among the entire group with 66. Thus age group 20-29 consists of highest number of persons with 257.

Table 33: Age distribution of respondents

Area	16-19	20-29	30-39	40-49	50-59	60 & above
Dhaka city	41	91	63	40	51	24
Dhaka city (slum)	14	30	26	10	8	2
Nobabgonj	28	70	44	32	18	8

(urban)						
Nobabgonj (rural)	32	66	46	40	7	9
Total	115	257	179	122	84	43

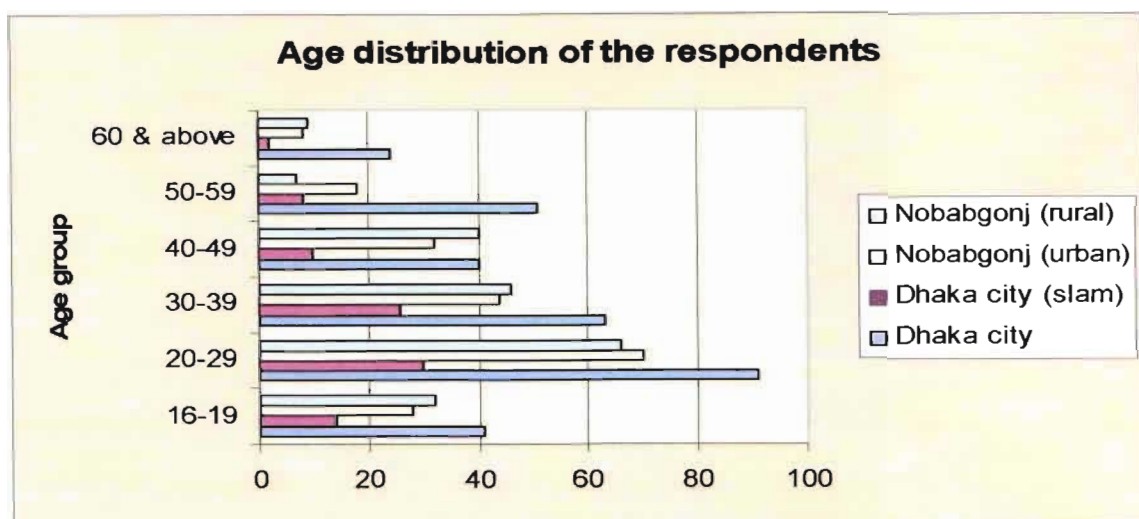


Figure 33: Age distribution of respondents

5.7.0 Gender of the respondents:

Persons were divided into their gender groups on which this survey was conducted. In Dhaka city, the no. of male was 145 and female was 165. In Dhaka city slum, the no. of male and female was 42 and 48 respectively. In Nobabgonj (urban), the no. of male was 127 where no. of female was 73 and in Nobabgonj (rural), the no. of male and female was 106 and 94 respectively.

Table 34: Gender of the respondents

Area	Male	Female
Dhaka city	145	165
Dhaka city (slum)	42	48

Nobabgonj (urban)	127	73
Nobabgonj (rural)	106	94
Total	420	380

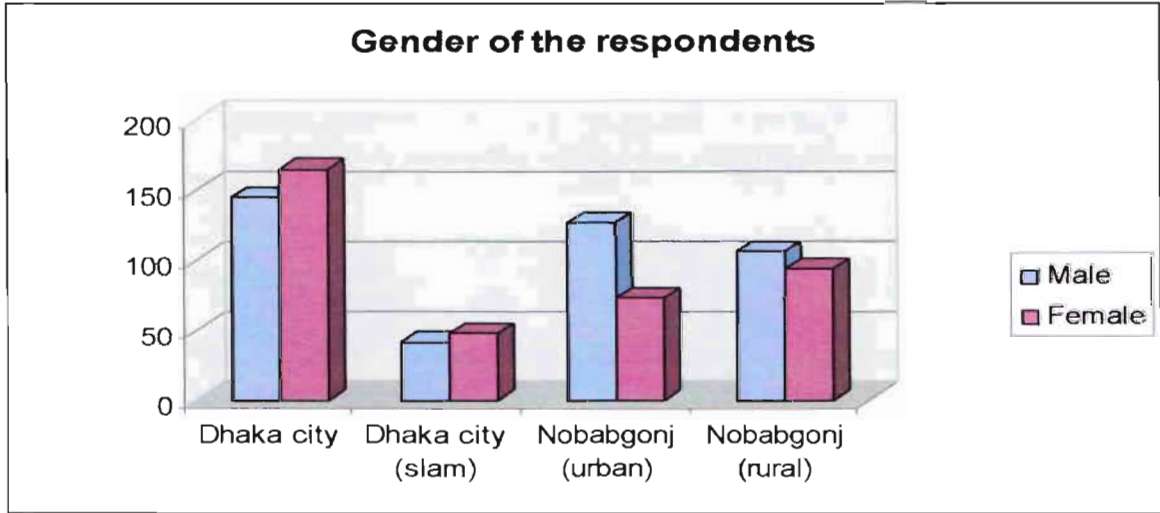


Figure 34: Gender of the respondents

5.8.0 Monthly income of respondent's family:

The use or selection of different medical systems largely depends on monthly income of the families. Related to this information the study has done some work on the monthly income of the respondent's family. From the results, combining all the area the no. of low income group families (up to Tk 7,000) were found highest in no. of 357. Medium income families (between Tk 8,000 to 15,000) were represented by 224. High income earned families (Tk 16,000 & more) were 219 in number.

Table 35: Monthly income of respondent's family

Category	Dhaka city	Dhaka city (slum)	Nobabgonj (urban)	Nobabgonj (rural)
Low (up to Tk 7,000)	71	90	81	115

Medium (between Tk 8,000 to 15,000)	105	0	57	62
High (Tk 16,000 & more)	134	0	62	23
Total	310	90	200	200

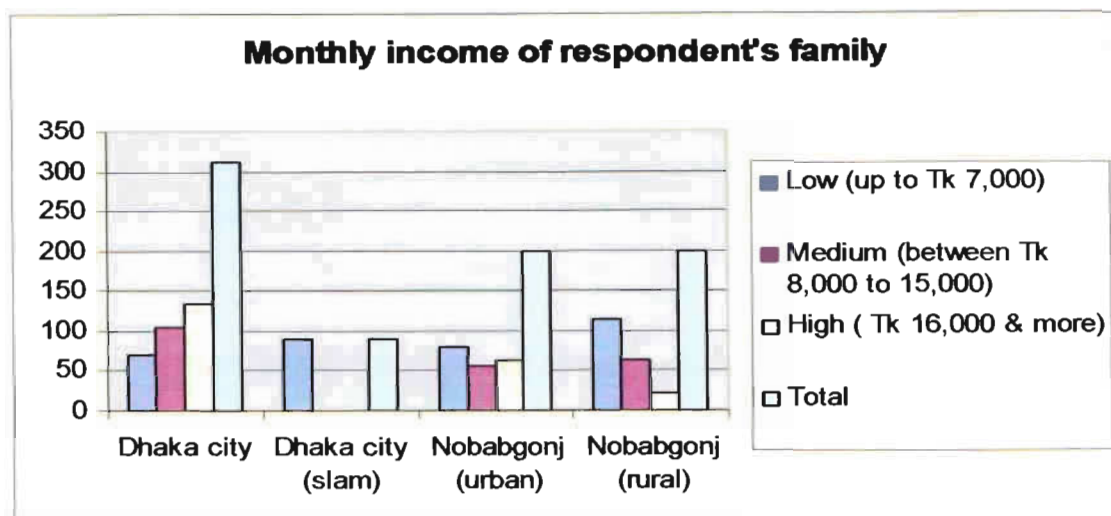


Figure 35: Monthly income of respondent's family

Table 36: Monthly income of respondent's family (in total)

Category	No. of respondents
Low (up to Tk 7,000)	357
Medium (between Tk 8,000 to 15,000)	224
High (Tk 16,000 & more)	219
Total	800

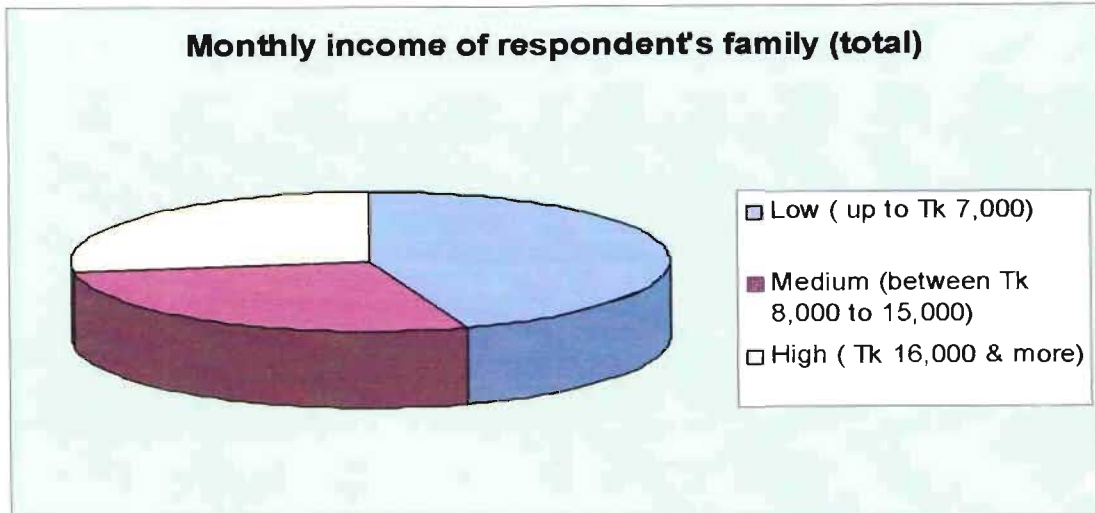


Figure 36: Monthly income of respondent's family (In total)

5.9.0 Profession of the respondents:

To study the respondents' life style their professions are also important. Combining all these area, 113 were students, 177 were businessmen, 193 were service holders, 86 were labors, 26 were farmers, 161 were housewives and 44 were unemployed.

Table 37: Profession of the respondents

Profession	Dhaka city	Dhaka city (slum)	Nobabgonj (urban)	Nobabgonj (rural)
Student	77	4	20	12
Businessman	59	16	54	48
Service	63	8	72	50
Labor	24	46	8	8
Farmer	0	0	4	22
Housewife	66	14	34	47
Unemployed	21	2	8	13
Total	310	90	200	200

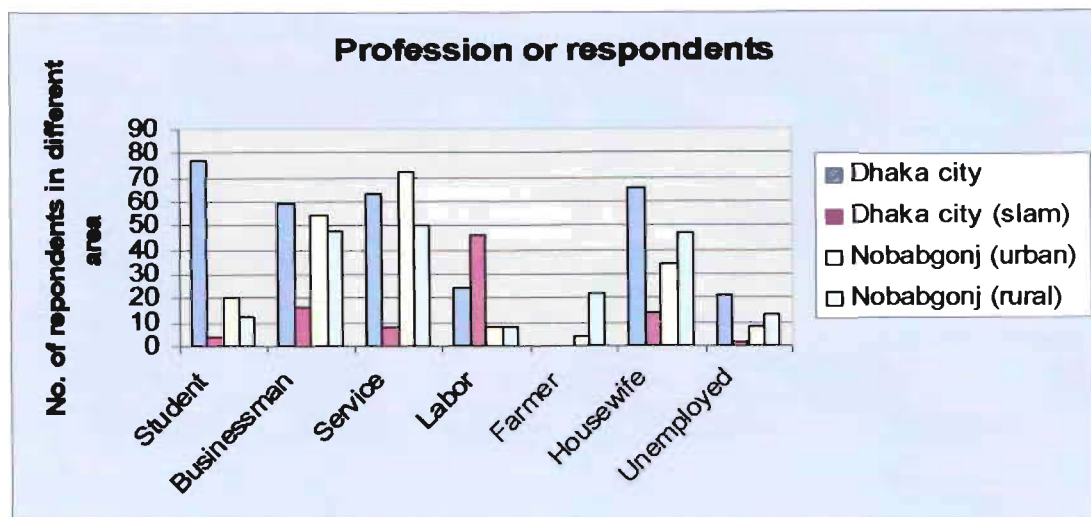


Figure 37: Profession of the respondents

Table 38: Profession of the respondents (in total):

Profession of respondents	No. of respondents
Student	113
Businessman	177
Service	193
Labor	86
Farmer	26
Housewife	161
Unemployed	44
Total	800

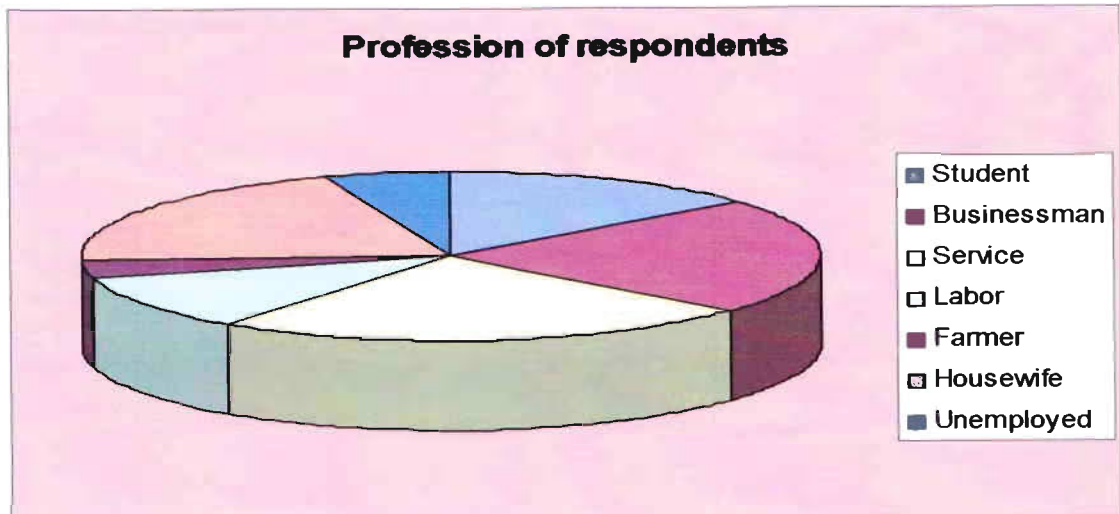


Figure 38: Profession of the patient's (In total)

5.10.0 Respondent's education level:

Respondent's education level were also studied by dividing the group into no formal education, primary, secondary, technical/ vocational, higher secondary/ Bachelor and Master/ Ph D. From the result it is evident that 128 persons had no formal education, 140 were primary passed, 184 were secondary doing or passed, 9 were technical/ vocational passed, 267 were higher secondary/ bachelor doing or passed and 72 were masters/ Ph D doing or passed.

Table 39: Respondents education level

Education level	Dhaka city	Dhaka city (Slum)	Nobabgonj (urban)	Nobabgonj (rural)	Total
No formal education	35	68	15	10	128
Primary	40	16	26	58	140
Secondary	48	6	52	78	184
Technical/ Vocational	0	0	5	4	9
Higher secondary/ Bachelor	147	0	76	44	267
Masters/ Ph d.	40	0	26	6	72

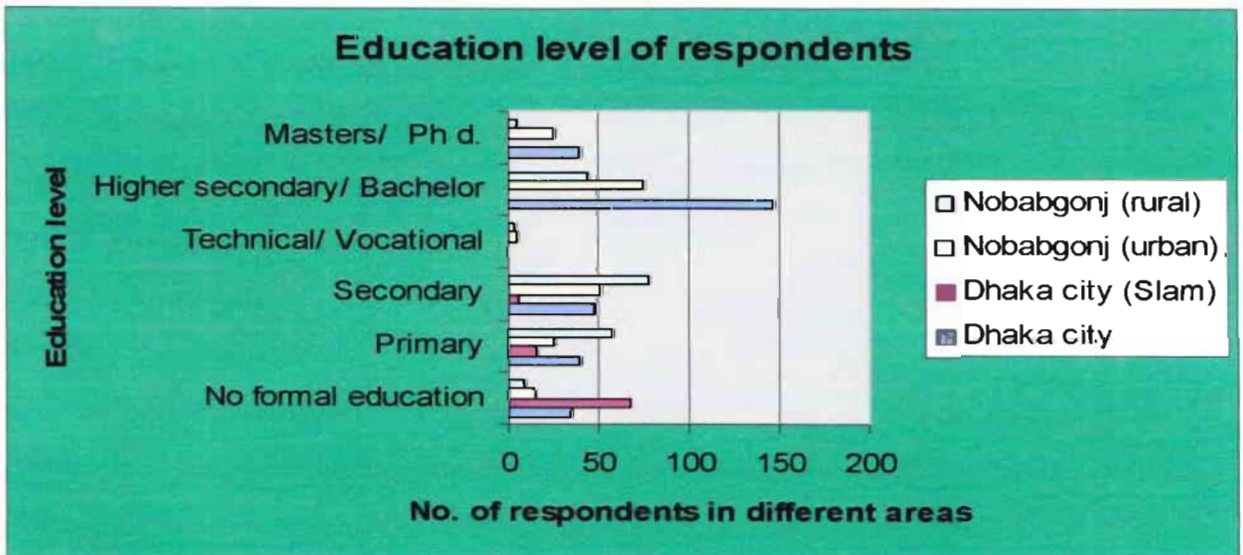


Figure 39: Respondents education level

Chapter- 06

Report Summery

6. Report summary:

The study had been carried out to find out the level of use of different medical system in Bangladesh. For the study purpose, 800 samples are collected from different areas of Dhaka city, Slum of Dhaka city and urban and rural areas of Nobabgonj Thaana.

I found total no. of use of different medical system was 916 in my survey areas.

From which, use of allopath system was 72.816%, 7.533% for ayurvedic, 8.297% for homeopathy, 0.983% for unani. 0.109% was both for acupuncture and acupressure. 0.546% for snake charmer, 2.838% for faith healer, 4.803% for family folk medicine and 1.965% were for no treatment at all. In my survey, I did not found any use of shiddha , mogha and naturopathy system. 85.746% people were cured after using the different medical system, 12.695% was said not really and 1.559% was not cured at all.

Whether the medicines caused any side-effect? This segment was categorized/ divided in to three groups. These are yes, no and not confirm. I found 90.089% for no, 5.79% for not confirm and 4.12% for yes.

Do you think folk or traditional medicines are safer than modern medicines? This segment was divided in to five categories. The highest 35.875% agreed, 21.625% not confirmed, 19.875% very much agreed, 14.5% not agreed and 8.125% not at all agreed.

Do you think folk or traditional medicines are safer than modern medicines in the treatment of children? This segment was divided in to five categories. The highest 26% agreed, 25.875% not confirmed, 22.625% not agreed, 17.5% very much agreed and 8% not at all agreed.

Respondents were distributed into various age groups. 16-19 aged group contained 14.375%, 20-29 aged group contained 32.125%, 30-39 aged group contained 22.375%, 40-49 aged group contained 15.25%, 50-59 aged group contained 10.5% and 60 & above group aged contained 5.375% of the total patients. Among all of the respondents, 47.5% were female and 52.5% were male. From all of them, 44.625% were low, 28% were medium and 27.375% were highly income families. Respondents were distributed in to various professions. 14.125% were students, 22.125% were businessmen, 24.125% were service holders. For labor and farmer it was 10.75% and 3.25% respectively. 20.125% and 5.5% were found for housewife and unemployment respectively. Respondents were also distributed into various education levels. 16% had no formal education, 17.5% were primary passed, 23% were secondary doing or passed , 1.125% were technical/ vocational passed, 33.375% were higher secondary/ bachelor doing or passed and 9% were masters/ Ph D doing or passed.



Chapter- 07

Conclusion

7.0 Conclusion:

Over all in Dhaka city people use different types of medical system. But maximum numbers have been captured by the allopathic system. People both literate and illiterate feel comfort in this medical system as it can be found in everywhere around the country. Somehow allopathic is expensive in some cases. For this few people neglects this type of treatment in fact many people avoids treatment. In Nobabganj most of the people are having strong economic condition and that is why they are taking the advantage of modern medical system. In Nobabganj there are several numbers of private clinics which in other words influencing them to take advantage of allopathic system. While doing the survey I found many people who use two or three medical system at a time. Sometimes people switches from one medical system to another as first one not worked well as per them. Majority of population are still using complementary and alternative medicine (CAM) in Bangladesh. Many of the CAM providers are engaged in the advertising of various remedial methods for numerous diseases in the local newspapers of the country and earn money by cheating the general people. Most of the advertisements in those newspapers were found to focus mainly on the conditions related to sex and sexuality. Other major manifestations reported were related to psychological, cancers related and gynecological issues. Advertisements of CAM in the newspapers of Bangladesh appear to be misleading, which may have potentials to misdirect patients from seeking better treatment options for their ailments. People sometimes fall in hazard as they use this type of medical system without knowing anything about this.

We don't have sufficient resources for this poor people always lagging behind to have good treatment. In rural area don't have government hospitals in sufficient number and in urban area the number of doctor are sufficient. Manufacturing of high

quality drug is also important. Poor quality drug sometime causes the death of the people and especially of children.

After completing this report I would like to suggest the following recommendations:

- Our government needs to take steps to ensure sound medical system for all the people of Bangladesh.
- Need to provide sufficient number of government hospitals and Thana Shastho complex so that people can find it easy to get treatment.
- Doctors need to keep in mind that they are for the people so they must have to take responsibility of the people of rural area.
- Physician of any medical must have to loyal in his work and they must have to apply the system with proper knowledge. Because this can bring hazard to a patient.
- Drugs of different medical system must have to meet the quality. So government must taken care the issue through the Drug Administration.
- Mass media like radio, television and newspapers can be used to create awareness and to educate about the use of safe and effective medical system.
- Government need to take step against those people who are misguiding the people.
- Drug Administration has to monitor and regulate the activities of drug manufacturing companies of different medical system.
- Proper guidance should be provided for all persons related to health care professions.



Chapter- 08

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Chapter- 09

Annexure

জরিপ : বিভিন্ন ওষুধ পদ্ধতির ব্যবহার

১ম অংশ ৪ স্বাস্থ্য পরিস্থিতি ও ব্যবহার

১. গত ৩ মাসের মধ্যে আপনি কোন্ অসুখে কোন্ চিকিৎসা পদ্ধতির ওষুধ ব্যবহার করেছেন? (একাধিক উত্তর হতে পারে)

অসুখের নাম	চিকিৎসা পদ্ধতি
ক.	কোড
খ.	কোড
গ.	কোড
ঘ.	কোড
ঙ.	কোড

কোডসমূহঃ (১) এলোপ্যাথী, (২) আয়ুর্বেদী বা কবিরাজী, (৩) সিদ্ধা, (৪) ইউনানী বা হাকিমী, (৫) হোমিওপ্যাথী, (৬) মধ্য শাস্ত্রীয়, (৭) আকুপাংচার, (৮) আকুপ্রেসার, (৯) ন্যাচারোপ্যাথী, (১০) চাঁদশী ক্ষত চিকিৎসা, (১১) বেদে বা ওকা ইত্যাদি দিয়ে চিকিৎসা, (১২) তাবিজ, ঝাঁড়-ফুক, পানিপড়া, তেলপড়া, চালপড়া, তদ্বির ইত্যাদি, (১৩) পারিবারিক লোকত চিকিৎসা, (১৪) কোন চিকিৎসাই নয়।

২. আপনার মতে উপরোক্ত চিকিৎসা পদ্ধতি ব্যবহারের কারণ কি? (একাধিক উত্তর হতে পারে)

- (১) ভাল কাজ করে (২) কম খরচ (৩) তাড়াতাড়ি সারায়
(৪) কম পার্শ্বপ্রতিক্রিয়া (৫) বিশ্বাস থেকে

৩. উপরোক্ত চিকিৎসায় আপনার অসুখ কি ভাল হয়েছিল? (একাধিক উত্তর হতে পারে)

ক. হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটেরেও নয় <input type="checkbox"/>
খ. হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটেরেও নয় <input type="checkbox"/>
গ. হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটেরেও নয় <input type="checkbox"/>
ঘ. হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটেরেও নয় <input type="checkbox"/>
ঙ. হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটেরেও নয় <input type="checkbox"/>

৪. ওষুধগুলো পেতে আপনার কত খরচ হয়েছিল? (আসল মোট মূল্য) (একাধিক উত্তর হতে পারে)

- (ক) কোড ট (খ) কোড ট (গ) কোড ট
(ঘ) কোড ট (ঙ) কোড ট

৫. এসব ওষুধ সম্পর্কে আপনি কোথায় শুনেছিলেন? (একাধিক উত্তর হতে পারে)

- (১) বন্ধু (২) প্রতিবেশী
(৩) পরিবার (৪) চিকিৎসক
(৫) দোকান (৬) হাট-বাজার
(৭) পত্রিকার নিবন্ধ/ ম্যাগাজিন/ বই (৮) টেলিভিশন/ রেডিও
(৯) পত্রিকার/ ম্যাগাজিনের/ বইয়ের বিজ্ঞাপন (১০) পরিবারের প্রবীণ ব্যক্তি
(১১) ঘরে ঘরে ঘুরে বেড়ানো হকার/ ডাকযোগে বিক্রি (১২) বিক্রয় প্রতিনিধিদের ব্রশিওর/ লিফলেট
(১৩) বিনামূল্যে প্রদত্ত স্যাম্পল (১৪) বিল বোর্ড/ পোস্টার
(১৫) ধর্মীয়/ সামাজিক অনুষ্ঠান/ বই (১৬) ওয়ার্কশপ/ সেমিনার

৬. ওগুলো ব্যবহারকালে কোন পার্শ্ব-প্রতিক্রিয়া হয়েছিল কি? যদি হয়ে থাকে সেগুলো কি কি? (একাধিক উত্তর হতে পারে)

- ক. হ্যাঁ, , না নিশ্চিত নই
খ. হ্যাঁ, , না নিশ্চিত নই
গ. হ্যাঁ, , না নিশ্চিত নই
ঘ. হ্যাঁ, , না নিশ্চিত নই
ঙ. হ্যাঁ, , না নিশ্চিত নই

৭. আপনার মতে লোকজ ওষুধ কি আধুনিক ওষুধের চাইতে নিরাপদ?

- (১) খুবই একমত (২) একমত (৩) নিশ্চিত নই
(৪) একমত নই (৫) মোটেও একমত নই

৮. আপনার মতে শিশুদের চিকিৎসায় লোকজ ওষুধ কি আধুনিক ওষুধের চাইতে নিরাপদ?

- (১) খুবই একমত (২) একমত (৩) নিশ্চিত নই
(৪) একমত নই (৫) মোটেও একমত নই

২য় অংশ : পটভূমি

৭. উত্তরদাতার বয়স

- (১) ১৬ থেকে ১৯ (২) ২০ থেকে ২৯ (৩) ৩০ থেকে ৩৯
(৪) ৪০ থেকে ৪৯ (৫) ৫০ থেকে ৫৯ (৬) ৬০ থেকে তদুর্ধ্ব

৮. উত্তরদাতার লিঙ্গ

- (১) পুরুষ (২) মহিলা

৯. উত্তরদাতার ধর্ম

- (১) ইসলাম (২) হিন্দু (৩) বৌদ্ধ (৪) খ্রিস্টান
(৫) অন্যান্য , অনুগ্রহ করে বিস্তারিত বলুন

১০. উত্তরদাতার পরিবারের মাসিক মোট আয় কত?

- (১) স্বল্প (টাকা ৭,০০০ পর্যন্ত) (২) মাঝারি (টাকা ৮,০০০ থেকে ১৫,০০০)
(৩) উচ্চ (টাকা ১৬,০০০ ও তদুর্ধ্ব)

১১. উত্তরদাতার পেশা

- (১) ছাত্র (২) পেশাজীবী (৩) চাকরি
(৪) শ্রমিক (৫) কৃষক (৬) গৃহিণী (৭) বেকার

১২. উত্তরদাতার শিক্ষাগত যোগ্যতা

- (১) আনুষ্ঠানিক শিক্ষা নেই/অশিক্ষিত (২) প্রাথমিক (৩) মাধ্যমিক
(৪) কারিগরী/ বৃত্তিমূলক শিক্ষা (৫) উচ্চ মাধ্যমিক/ ব্যাচেলর (৬) মাস্টার্স/ ডক্টরেট

জরিপে সহযোগিতার জন্য উত্তরদাতাকে আন্তরিক ধন্যবাদ।

জরিপকারীর নাম :

তারিখ :

জরিপের স্থান :

