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Different Views on Traditional Indigenous Medicine and Modern Medicine; the Coexistence of These Different Medical Practices: A Case Study on a Patient

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Abstract: *Two systems of treatment for an ailment exist in today's world. One is modern medicine and another is traditional indigenous medicine which refers to Ayurvedic, Homeopathy, etc. Many people went broke in the name of treatment which ultimately refers to modern or allopathic treatment. It involves various diagnoses, tests, expensive medication, or surgery. In this case, the burnt of the financial burden is enormous. On the contrary, traditional indigenous medicine has less impact financially. As far as the effectiveness is concerned the methods have both successful and unsuccessful stories. Even for an individual, in some cases, allopathic is giving him a cure while some illness remains unhealed that he treated with traditional medicine and came up with success. Modern medicine may have superiority nevertheless it is not possible to conclude that any method of treatment as all the cures for all sorts of ailments. The co-existence of both methods proved to be beneficial to the people. On the background of changing profile of diseases integration of traditional medicine and modern medicine is a call of time. Both the systems can be used in support of one another.*

Keywords: Ayurvedic, epidemiology, Homeopathy, Traditional medicine, Indigenous medicine, Modern medicine.

Traditional indigenous medicine and modern medicine; which one is trustworthy?

There is no fixed definition of health or treatment for illness in the world. For a same disease different country treats in different ways even in the same country different medicines are used for different persons. Western academic medicine is the most popular and reliable treatment for the overall people of the world which is too expensive for many people of the many part of the world especially for the third world countries. Not only expensive, sometimes patients have to suffer for wrong diagnosis, wrong treatment and sometimes ill treatment. At the same time traditional indigenous medicine is in use since time immemorial. Scientist suggests that, it has no scientific proofs or evidence but people are getting benefit from those treatments since ever. Even in the present scientific era many people consciously or unconsciously depend on it. This article will discuss a small area or part of the different views of traditional indigenous medicine and western academic medicine. An example in Bangladeshi context will also be included here which leads to discuss about traditional indigenous medicine practiced in Bangladesh. The author could not able to make a concrete suggestion on a singular system of medicine but find the coexistence and integration of these two different medical practices.

Health and Diseases:

A major task of epidemiology is the asceses of health condition in a population. There is no unique or firm definition of health. Out of many definitions of health, nearest to the universally accepted definition is the much-quoted World Health Organization's (WHO) definition, which first appeared in the preamble to its charter in 1948. The definition emphasizes that health is not just the absence of diseases, but something much broader: a state of complete physical, mental and social well-being. This definition is difficult to 'operational' in the health care delivery. Nevertheless, it serves to emphasize the "positive" aspects of health, away from the traditional preoccupation with death, disease, and disability.

Disease may be explained as follows:

1. Disease is explained as being caused by different "forces" that can influence the human body. And find out of which the patient has gotten into conflict which is defined as diagnosis.
2. Again, getting in disharmony with other humans also causes disease. The disease could also be explained as an imbalance in the human body. The human body is comprehended as a micro cosmos and a balance has to be re-established according to balance in the great cosmologic system.
3. Disease is understood based on cultural interpretation frames such as belief and human relations to other humans, nature and supernatural forces. According to old Sami philosophy, existence has both materials and spiritual aspects, and these are not separated from each other (animist holism)
4. The treatment would seek to re-establish harmony with the surroundings.

A lot of factors we could see, some socio-economic and political factors, that relate to the diseases; a particular interpretation of the impact that socio-economic factors have on health sees ill health as generated by the economics inequities between an oppressed group and the dominant group in society. The "political economy" model has been adopted by "critical" medical anthropologists (e.g., Singer, 1989) and applied to Native Americans, such as Canadian Inuit (O'Neil, 1986). Disparities in such indicators as education, income, and employment are considered mere symptoms of the unequal- in fact internal colonial-power relationship between Native Americans and the "modern capitalist state."

Much effort has been directed at developing health indicators and indices that would provide the most comprehensive picture of the health of a population. Mortality rates and life expectancy are the two factors of many health indicators. To show it lower child death rate, in some cultures, the death of infant before baptism or naming does not count. An ethno medical infant mortality rate would thus be lower than the western biomedical version. Yet, this does not mean the death has not occurred.

Many personal behaviors or 'lifestyles' have been shown to be determinant of a variety of diseases. Smoking and diet are often implicated in diverse health problems. Little success of immunizations had reduced the epidemiological significance of some diseases as measles, rubella, mumps, poliomyelitis, tetanus, and diphtheria in Native American countries. Though a small number of epidemics of these diseases still occurred in some areas in the arctic.

Tuberculosis is a treatable disease, and a variety of efficacious drugs are available. Guidelines have been established for their use (American thoracic Society, 1986). The former practice of prolonged hospital treatment, often at centres far removed from the home community which imposed severe personal and family disruption among Native Americans, has been generally superseded by shorter courses of intermittent and supervised therapy since the 1970s. An early trial in an apache reservation indicated that the then new approach was well tolerated, effective, and economical (Mikkelson et el., 1973.

Diabetes is known to vary widely between populations belonging to different geographical, cultural, and socio-economic groups. As a population undergoes urbanization, modernization, or lifestyle changes, the prevalence of diabetes generally tends to increase (Jarrett, 1989). In 1974, the late Dr. Kelly west reviewed the exhaustively the literature on diabetes among North American Indian as well as aboriginal population in the other part of the world (west 1974). Since that time the problem has received the attention of many researchers and the literature on diabetes among North American Indians has grown substantially. While intensive epidemiological and metabolic studies have been conducted in some tribes, Nationwide surveys of the burden and impact of the disease have demonstrated wide geographical variation (Sievers and Fisher, 1985; Gohdes, 1986; Young et el., 1990b). Although the factors that contribute to this difference are not well understood, they probably reflect the differential effects of genetic susceptibility, overall level of "acculturation" and the contributions of specific risk factors such as physical activity, diet, and obesity.

There is increasing evidence to suggest that insulin resistance may be the key metabolic defect that leads to such related disorders as obesity, hypertension, diabetes, dyslipidaemia, and arteriosclerosis (de Fronzo and ferrannini, 1991).

Those are the few examples of diseases, which spread all over the world. Medicine both traditional indigenous knowledge and western academic knowledge's are used for the treatment of these diseases. Lot of views regarding this knowledge are present in the world. Few of the discussions are given bellow. Before discussing the different views of traditional indigenous medicine and western academic medicine, Indigenous knowledge and Medicine should be discussed first.

Indigenous Knowledge and Medicine

There is no uniform approach or generic label assigned to traditional medicine; rather, it is an acknowledgment of the geographic and cultural diversity within indigenous knowledge. The examination of traditional medicine includes articulating an indigenous knowledge approach to understanding what traditional medicine is and why it historically existed outside dominant institutions, biomedical models, and Euro centric paradigms. "Indigenous knowledge is a complete knowledge system with its own epistemology, philosophy, and Scientific and logical validity, which can only be understood by means of pedagogy, traditionally employed by the people themselves" (Battiste and Henderson, 2000: 41). There are three common sources within Indigenous knowledge inquiry. Mohawk scholar Marlene Brant Castellano suggests that Indigenous knowledge has a multiplicity of sources, including traditional, spiritual, and empirical (Dei, Hall and Rosenthal, 2000). The plurality of Indigenous knowledge engages a holistic paradigm that acknowledges the emotional, spiritual, physical, and mental well being of a people. An Indigenous knowledge framework is developed to address critical issues of colonialism appropriating Indigenous authority, of misrepresentation, and of using western cultural constructs of "valid empirical research" to marginalize Indigenous ways of knowing (Dei, Hall and Rosenburg, 2000; Battiste and Henderson, 2000; Smith, 1999). The term "traditional medicine," as identified by the World Health Organization,

"Is the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness."

(WHO/EDM/Traditional Medicine/Definitions modified: Tuesday, 30 October 2001).

The National Aboriginal Health Organization (NAHO), governed by First Nations, Metes, and Inuit organizations of Canada, is embarking on a new journey that positions traditional medicine as central to their mandate. A summary of key issues that evolved from an environmental scan of traditional medicine conducted for NAHO, and from focus groups with Elders and healers. An examination of emergent concerns identified through the environmental scan of Aboriginal organizations, traditional medicinal studies and literature identified a number of critical issues. The cultural diversity of Indigenous Peoples is addressed through the recognition that Indigenous knowledge is attached to the language, landscapes, and cultures from which it emerge. Scholar Vandana Shiva states, under the colonial influence the biological and intellectual heritage of non-western societies was devalued. The priorities of scientific development transformed the plurality of knowledge systems into a hierarchy of knowledge systems. When knowledge plurality mutated into knowledge hierarchy, the horizontal ordering of diverse but equally valid systems was converted into vertical ordering of unequal systems, and the epistemological foundations of western knowledge were imposed on non-western knowledge systems with the result that the latter were invalidated (Shiva, 2000: vii in Dei, Hall and Rosenburg). Indigenous peoples regard all products of the human mind and heart as interrelated within Indigenous knowledge. They assert that all knowledge flows from the same source: the relationships between global fluxes that needs to be renewed, the people's kinship with the spirit world. Since the ultimate source of knowledge is the changing ecosystem itself, art and science of a specific people manifest these relationships and can be considered as manifestations of people's knowledge as a whole (Battiste and Henderson, 2000: 43).

Traditional Indigenous Medicine in Bangladesh:

Knowledge of indigenous system is now getting importance worldwide. Bangladesh has a rich cultural heritage of traditional medicine, which comprises of Unani & Ayurvedic system. Both the systems are being practiced since a long time. Rural and tribal peoples living in remote area still depend on the indigenous system of medicine. Besides these there exists a traditional folk system in the country. This traditional knowledge is being perpetuated verbally from person to person thus being passed down from generation to generation.

Bangladesh contains some hilly & forest areas of 1.32 million hectare. The areas are Chittagong Hill Tracts, Sylhet, Dinajpur, Tangail and Mymensingh. These are the places of abundant floristic compositions that offer a vast source of raw materials for the preparation of herbal medicines.

Views of Ayurvedic Medicine:

Ayurvedic medicine is also called Ayurveda. It is a system of medicine that originated in India several thousand years ago. The term Ayurveda combines two Sanskrit words 'ayur', which means life, and 'veda', which means science or knowledge. Ayurveda means "the science of life."

As with other such systems, it is based on theories of health and illness and on ways to prevent, manage, or treat health problems. Ayurveda aims to integrate and balance the body, mind, and spirit. This balance is believed to lead to contentment and health, and to help prevent illness. Ayurveda also proposes treatments for specific health problems, whether they are physical or mental. A chief aim of Ayurvedic practices is to cleanse the body of substances that can cause

disease, and this is believed to help re-establish harmony and balance. Herbs, metals, massage, and other products and techniques are used with the intent of cleansing the body and restoring balance.

Interconnectedness

Ideas about the relationships **among people, their health, and the universe** form the basis for how Ayurvedic practitioners think about problems that affect health. Ayurveda holds that:

- All things in the universe (both living and nonliving) are joined together.
- Every human being contains elements that can be found in the universe.
- All people are born in a state of balance within themselves and in relation to the universe.
- The processes of life disrupt this state of balance. Disruptions can be physical, emotional, spiritual, or a combination. Imbalances weaken the body and make the person susceptible to disease.
- Health will be good if one's interaction with the immediate environment is effective and wholesome.
- Disease arises when a person is out of harmony with the universe.

Constitution and Health

Ayurveda also has some basic beliefs about the body's constitution. "Constitution" refers to a person's general health, how likely he is to become out of balance, and his ability to resist and recover from disease or other health problems. An overview of these beliefs follows.

- The constitution is called the *prakriti*. The *prakriti* is thought to be a unique combination of physical and psychological characteristics and the way the body functions. It is influenced by such factors as digestion and how the body deals with waste products. The *prakriti* is believed to be unchanged over a person's lifetime.
- Three qualities called *doshas* form important characteristics of the constitution, and control the activities of the body. Practitioners of Ayurveda call the *doshas* by their original Sanskrit names: *vata*, *pitta*, and *kapha*. It is also believed that:

- Each *dosha* is made up of one or two of the five basic elements: space, air, fire, water, and earth.
- Each *dosha* has a particular relationship to body functions and can be upset for different reasons.
- A person has her own balance of the three *doshas*, although one *dosha* usually is prominent. *Doshas* are constantly being formed and reformed by food, activity, and bodily processes.
- Each *dosha* is associated with a certain body type, a certain personality type, and a greater chance of certain types of health problems.
- An imbalance in a *dosha* will produce symptoms that are related to that *dosha* and are different from symptoms of an imbalance in another *dosha*. Imbalances may be caused by an unhealthy lifestyle or diet; too much or too little mental and physical exertion; or not being properly protected from the weather, chemicals, or germs.

In summary, it is believed that a person's chances of developing certain types of diseases are related to the way *doshas* are balanced, the state of the physical body, and mental or lifestyle factors.

Folk Medicine

Folk medical treatment has been practiced in this country from time immemorial. Despite the availability of the modern medicine, folk medicine still occupies a dominant place, especially in the rural society. 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. The religious items include: (i) religious verses from holy books written on papers and given as amulets, or recited and blown on the face or body of the patient, or on water to be drunk, or on food to be eaten; and (ii) sacrifices and offerings given in the name of God and deities. Spiritual items include communicating with spirits or ancestors through human media to inquire about the disease and its remedy, 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, fractures, snakebite and even tetanus in newly born children.

Folk medicine involves folk modes of treatment and also largely determines perceptions about disease and health prevailing among common folk. Some recent studies have found that a number of contagious and non-contagious diseases in the villages of Bangladesh are explained by the people in a manner significantly different from modern medical science. Rural people have their own terminology and modes of treatment. For example, they have coined several local names to express different forms of diarrhoea like *dudher haga, patla paikhana,* etc. Someone's erratic behaviour is called *batash laga or alga batash,* and is attributed to an intangible spirit, or sometimes, to a disembodied soul devoid of any corporeal spirit. Such a spirit apparently wanders through wind and penetrates the human body through its unlimited apertures. How does alga batash cause disease? The rural people will tell various stories to illustrate its working. *Batash* does not always penetrate the body directly. It may come through another person linked to a patient. Communicable diseases, however, are believed to be less influenced by alga batash than diseases like convulsions or hysteria, closely related to the domain of psychology. Violent behaviour accompanied by anger, deranged talk, loud laughter and other unusual behaviour are seen to be manifestations of alga batash. The indigenous term *meho* is used to express what is white discharge in medical terms or *padda phool* for uterine prolepses. In fact, without establishing the correct meaning of indigenous terms or by linking the symptoms one cannot deduce the disease pattern of people in rural Bangladesh.

The search for health in case of illness involving reproductive health is not independent of the cultural influences that dominate rural life. Reproductive health problems, and vaginal discharge in particular, may be explained in several ways in the indigenous medical belief system. Such a discharge is often attributed to excessive heat inside the body. Childbirth is another domain where traditional explanations are widespread. Village culture does not have the capacity to have pregnant women regularly examined by trained people. The delivery of a child in most cases takes place at home under the conditions that are hardly hygienic. Most deliveries are domestic affairs generally conducted by relatives of the pregnant women. Only in critical cases, is a *dai* (birth attendant) called in. Gender discrimination, as might be guessed from overall conditions, also prevails in rural areas. To rural people a healthy person is one who is robust, looks lively, and shows energy in physical work. Minor sicknesses like headache, cold, slow fever, and stomach upsets do not bother them. A sick person does not go to a physician unless the sickness goes beyond what is considered a minor ailment. Their notions regarding disease causation include several mythological perceptions including God's will, divine punishment for wrongdoing, improper food intake, influence of an evil eye or spirit, etc.

Broadly speaking, three categories of folk medicine prevail in Bangladesh. These are non-registered herbal, magical, and magico-religious. A practitioner in herbal medicine not registered or not having any formal medical education is locally called a *kabiraj*. He prepares the medicine himself from locally available herbs and usually keeps the formula a secret. The formula is either inherited or manufactured by him or received from a master (*ustad*). Magical practitioners take recourse to incantation. They are called *bede* or *ozha* and are invited to perform exorcism whenever a person is bitten by a snake or has diseases such as pain, rheumatism, toothache etc. Religious practitioners are invited to perform exorcism whenever a person is possessed by a *zin* or *bhut* (spirit).

Too often, religio-magical practices go beyond the level of health-seeking behaviour to explain minor vices and crimes. To find out a thief or to isolate an offender different magical technique are used. *Ayna pada* (sanctified mirror), *bati chala* (throwing an incantated bowl), *lathi chala* (sanctified stick) etc. are used for tracing out a thief, or finding out the amulets utilised by malicious persons to put a curse on someone. However, for successful cure, someone with the zodiac signs Libra must hold these things. Since these types of beliefs and practices for treating either diseases or anything else are in common use in rural Bangladesh because of traditional beliefs, cultural practices and sometimes superstitions, they are collectively called folk medicines.

Academic Medicine: The Evidence Base

Academic medicine is normally most theoretical and practical knowledge inside it. To be a doctor the person has to study more than five years. The whole human body, genetics, anatomy, physiology, pathology and what not. When the person became a doctor, he has to think everything of the body and its balance and so forth. He has to be confirmed by proper diagnosis of the cause for illness. Then he can treat the patient well. There is story in our country like Bangladesh "*One village doctor use to cut the muscle for any kinds of treatment of the patient. He was habituated to do that. When an academic doctor came to know about this, one day the academic doctor met him and talked to him about the construction of hand and all the systems inside the hand. He also showed him some cross-sectional picture of hand and inside views. The village doctor became feared on it and felt ashamed about his past works. From the next day he stopped to treat the people by cutting the muscle of hand*." If it was happening in a village doctor, how can academic doctors can treat a person without being confirm or proper diagnosis of the problem of his or her body? So, I do agree with the doctors' point of view.

Now when I am patient, I found myself that for a single kind of disease I have to do such and such kinds of diagnosis and have to spend a lot of money that I do not have. As I am the patient so I need to borrow the money. Ok, I borrowed the money ant treatment is done without development that pushes me to go to another doctor, who said your previous treatment was wrong. So, we can imagine how costly the academic medicine is? I found such kind of problems in my case study, which I shall describe later. Many parts of the world especially the third world countries have the same kind of problems.

The International Campaign to Revitalise Academic Medicine recognises that an evidence-based approach is important in discussing the problems of academic medicine. A preliminary exploration of the evidence on academic medicine has led to a research agenda for examining and proposing realistic solutions.

The International Campaign to Revitalise Academic Medicine (ICRAM) immediately recognised the importance of an evidence-based approach to the ongoing discussion about academic medicine. A task group was developed to systematically collate and evaluate the available evidence. We initially targeted major themes that were readily identifiable as being important and for which data would be reasonably straight forward to collect.

Scholarship is encountered as a key principle of academic medicine, and it entails the discovery, integration, and application of knowledge, and teaching. Academic medicine practitioners are expected to demonstrate systematic and sustained scholarly effort, with recognisable outputs valued by peers.

Many doctors teach or participate in research sporadically, and the role of such practitioners in the academic enterprise requires more study. Patients are also increasingly involved in clinical research, education, and service and are important academic allies. Public health responsibilities and priorities of academic medicine may be different in affluent societies and in those with poor health systems.

Situation analyses are useful to identify barriers, failures, and successful applications in different settings. Most literature to date has selectively focused on developed western countries, a minority in the global scale.

Academic medicine is struggling to keep pace with educational demands or capacity. Population demographics are changing in many countries, with an increasing proportion of elderly people and a decreasing birth rate. Service expectations, societal preferences, and health needs evolve. Although most burden of disease is carried by developing countries. Clinical research is done where the money is, not where the investigation should be required. An estimated 94% of the high impact scientific potential of human kind is lost because of various global inequities and squandered opportunities. Furthermore, doctors have a shrinking presence in the broader life sciences. Analysis of the most cited scientists in the past two decades in life sciences shows that the representation of doctors among those who are currently 55 or younger has decreased sharply compared with older generations. Evidence in academic medicine is fragmented, even though much has been written. Evidence on the status and problems of academic medicine may come from diverse sources and requires both qualitative and quantitative synthesis of information.

There also seems to be a need to examine whether patients' outcomes are improved by academic medicine. Subjective outcomes (satisfaction, preferences, perceptions, and roles) as well as objective outcomes (disease) are important. Preliminary searches indicate that most evidence is non-randomised, and confounding is a major problem. The available evidence pertains to diverse conditions, such as general care, acute and chronic critical care, surgery, and obstetrics, but most data again seem to come from developed countries perspective. Academic medicine always needs evidence to guide its future. Academic medicine cannot perform the treatment without evidence though it is costly.

Case Study (Example)

This is a story of one Mr. Pondid very close to me, a person of 55 years, hails from a traditional rural village, in the southern part of Bangladesh. The district in which he was born is Patuakhali.

Diarrhoea /Cholera

When he was a boy of three and half years old, he was attacked by a severe disease called cholera along with his younger brother of one year old. Treatment of cholera was not known to us in that time. So, his parent had to depend on both western medicine and traditional rural medicine. As a traditional part, a person locally called ‘fakir’ (exoreist) was called in. He went round the house and chanted some spells to guard the house against evil spirit or diseases. As for western medicine concerned doctor treated with modern medicine, even the doctor suggested to administer a high-power medicine which was available at a city 60 km away from his house- without any means of communication except walking. It was war time in Bangladesh in 1971. So, going to the city was risky. His maternal uncle went to city and bought that medicine which was administered to him. His parents were anxious and prayed to Almighty Allah to keep their son alive as in the

mean time they had lost their youngest son of the same disease. They promised that they would sacrifice animals and entertain the poor with its meat if their son would recover. From the deed bed, like he was about to die, his throat was clogged, breathing was labored, sweating profusely, parents and relatives were crying for fearing that they were going to lose their sons, suddenly the son started getting well after a person gave him water to drink. After this instance he started recovering. His parents sacrificed three cows for the poor and also committed to perform Hajj in future.

Prolonged Illness:

When Ponded was a student of class eight, in 1978, he was suffering from fever for a month or so. Treatment of western medicine was done but without cure. Normally a fever continues for one or two days or a week. But here it continued for a one month. All treatment failed; he became very weak. After a month he went to a Kabiraj (A quack who makes the medicine by himself with herbs). Kabiraj smiled and gave just a spoonful of juice of leaves, of wood apple which is welly known as 'Bel pata' and suggested them to take this juice or leaves directly few days. Surprisingly he became well within few days. He got back his strength and got into his study as well.

No need to go to Health Centre:

When Ponded was a university student, 350 km away from his home, he started to feel homesick and faced a lot of trouble with food habit, sleeping and some other diseases. University had a health centre where doctors' advice and medicine were free of cost. So, he used to go to doctor for different minor or major problems with his health. Observing this situation one of the senior student told him "If you go to health centre for every cause it will be a habit of you and you will be a permanent patient and if you don't go to health centre you will find yourself a healthy man". Ponded took it positively and never went to the health centre in next five years or more.

Fistula:

In 1988 Ponded finds fistula inside his rectum. He started treatment with Homeopathic and continued for one year with no result. Getting suggestion from one of the senior students, he started some physical exercise which mode his rectum okay. After 12 years same problem recurred in 2000. Then he went to western academic doctor, where he took medicine for four years but no development was experienced. He did his surgical operations in 2005 in a western country, where he had been staying for his higher studies.

Sexual problem

Before marriage he found that he had a problem with penis erection and it continuously passed semen. He consulted with several western medical doctors and spent a lot of money in his jobless situation for findings a solution to it. At last he got a leaflet from an Unani medicinal house. The doctor treated him in two ways, Healing and Ayurvedic medicine. In the Healing process the doctor put an egg over his umbilical while saying something in the name of Allah. After few minutes the doctor broke the egg and showed him some inert matter inside the yolk of the egg. (The egg was bought and carried by the patient.) The doctor said that he had been bewitched/enchanted by some female person who wanted to marry him but he refused. The Unani doctor further added that problem of bewitchment had been solved and now he could take some Unani medicine to get back his sexual strength. Soon he recovered from that disease.

Asthma problem

Ponded got a job in a reputed bank as Senior Officer. During the training period he caught cold, which eventually turned into Asthma. Lot of treatment with western medicine could not produce any result. It became serious. He could not breath well. He went to a famous doctor (Asthma Specialist), who suggested him for a lot of tests. He did it and went to the doctor again. He noticed that the doctor did not examine the tests result properly but prescribed a lot of medicine. After a few days of taking this medicine he found himself in the same position as before. So, he lost the faith in western medicine regarding asthma and started to take homeopathic medicine and got rid of asthma. Though the development didn't long last. He started to take Ayurvedic medicine (made from herbs), which helped him breath easily during winter. But the problem remained same as before. He got an opportunity to visit UK for one-month training, where he met a doctor. Doctor said that he was not a patient of asthma, but you have possibility of getting asthma. He advised him to take care by himself and use a inhaler if needed (Inhaler was given by the health centre). Since then he is passing his days with seldom asthma problem for about twenty years.

Diabetic's problem:

From 2003 he felt tired and thirsty very frequently. While listening the symptoms of diabetics in a radio programme on health issue in Bangladesh, he diagnosed himself as a diabetic patient. So, he consulted a doctor and found no better treatment than western medicine, exercise and others. He is passing a good time with a proper schedule and food suggested by the doctors and now fully depended on western medicine.

Covid-19

Following the previous experiences Mr. Ponded has been taking three drops of arsenic alba (Homeopathic medicine) each day for three consecutive days of each month, though he has started had Covid -19 treatment with western medicine while he was affected by Covid 19. Two doses of Covid vaccine has also been taken by him.

No single dimension of treatment has resulted with utmost positiveness in the Ponded case. He used both traditional indigenous medicine and western academic medicine. Even for the same disease he used several modes of medical procedures. He got rid of different diseases also from different mode of medical procedures. We cannot exactly say which one is more trustworthy. In his life coexistences and integration of different mode of medical procedures are present.

Sami case as a developmental example:

Until the 1600s there were neither doctors as such nor organized health care in Norway. Treatment of illness was the work of local or travelling healers, whose effectiveness was quite varied. Such treatment, most often, consisted of traditional folk medicine, prayer, and so-called "shamanism" (Steen 1968).

The healers called in the Sami language *Buorredeaddji*. Who used everything from herbs, the internal organs of reindeer, religious recitations and charms, and laying on hands, bloodletting-well known is the reading from the scriptures to stop haemorrhaging, a method that is in use to this day?

Acculturation strategies and ethnic identities as predictors of behaviour problems in arctic minority adolescents, which creates stress and associated with anxiety, depression, psychosomatic symptoms, feelings of alienation and marginality; and identity confusion (Berry, 1997)? During the 1980s the rate of suicides was particularly high in areas in Norway where the majority of the population was Sami. The suicides were assumed to reflect mental problems in Sami areas due to identity problems and cultural change (Hildal, 1997). Lately attention given to the development of a separate health service for the Sami has varied greatly, both within each country and from one nation to the next. In the course of the last few decades increased attention has been directed towards prioritising the unique needs of Sami medical patient with regard to language, culture and ethnicity. Recent research show that compared to the Norwegian majority group, Sami children and adolescents have just as good mental health as their majority peers. They also show less risk-taking behaviour as substance and drug use. Have fewer eating problems and have a stronger body satisfaction. Intra-group studies show that Sami adolescents grown up in Sami dominated areas have a strong bicultural identification, are practising more Sami cultural behaviour and have a better mental health compared to Sami peers in marginal Sami areas. Ethno cultural factors have only a slight impact on behaviour problems among young Sami and particularly among boys in the marginal Sami areas. It proves that health depends on mental freeness, national identity or self-identity, ethnicity and socio-cultural behaviours and all sorts of environmental development.

Conclusion:

The disease profile of the world is rapidly evolving. This is especially true in low and middle-income countries where chronic diseases are creating a double burden on top of infectious diseases. The least developed countries are not immune to the growing epidemics of heart disease, stroke, cancer and other chronic diseases. Contrary to common belief, diseases do not only affect men in high income countries the reality is that 80% of chronic disease deaths now occur in low- and middle-income countries where they affect men and women almost equally. Another striking reality is that chronic diseases will take the lives of approximately 35 million people in 2021 more than 60% of the 58 million deaths worldwide.

The biocultural approach to the study of health and disease by necessity must involve the integration of anthropology and epidemiology. The integration of these two sciences is not a new idea. Collaborative efforts in research and public health programmes in fact date back to the early days of both disciplines. There have been instances of "anthropology in epidemiology" as well as "epidemiology in anthropology" (Dunn and Janes, 1986). Paul (1955) mentioned in the classic

volume that *Health, Culture and Community, established the contribution to the social sciences in applied public health programmes, especially in international development*.

The Ayurvedic movement successfully established a parallel set of institutions devoted to indigenous and western learning. But the movement failed to rejuvenate indigenous medicine or give it an official status equal to that of western medicine. Presenting these entire instances, I would like to say, not to ignore any mode of treatment but we need to preserve, promote and enhance both traditional indigenous medicine and western academic medicine, and need to integrate of these different medical practices. Coexistence of these different medical practices would be worth mentioning for the population of the world.

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