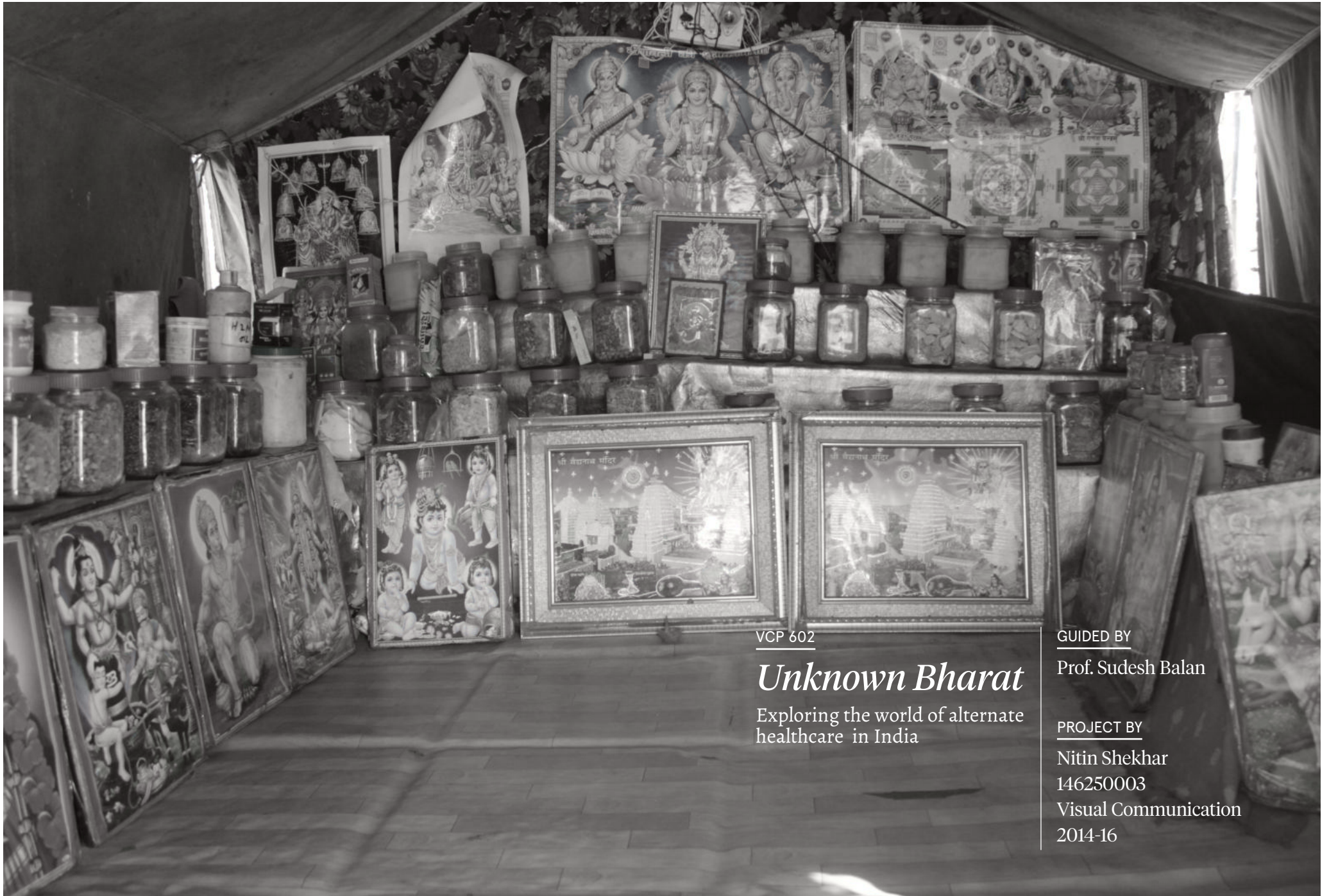




VCP 602

Unknown Bharat

Exploring the world of alternate
healthcare in India

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Visual Communication

2014-16

Declaration

I hereby declare that this written submission submitted to IDC, IIT Bombay, is a record of an original work done by me. This written submission represents my idea in my words, I have adequately cited and referenced the original source. I also declare that i have adhered to all principles of academic honesty and integrity and have not misprinted or falsified any Idea/ fact/ source in my submission. I understand that any violation of the above will be cause for disciplinary action by the institute and can also evoke penal action from the sources which have thus not been properly cited or from whom proper permission has not been taken when needed.

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Approval Sheet

This Visual Communication Design Research Seminar project report titled “UN-KNOWN BHARAT: Exploring the world of alternate healthcare in India” by S.Nitin is approved in partial fulfillment of the requirements for Master of Design degree in Visual Communication.

Project Guide:

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INTRODUCTION

“For many millions of people, often living in rural areas of developing countries, herbal medicines, traditional treatments and traditional practitioners are the main – sometimes the only – source of healthcare. This is care that is close to homes, accessible and affordable.”

Margaret Chan
Director General
World Health Organisation

Chronic diseases and poverty work in a vicious cycle where they feed off each other. In such a situation providing quality medical care is more than a basic right. The physical well being of low income group and providing basic healthcare facilities becomes an important tool in fighting poverty in our country.

One of biggest issues in developing nations like India is how they deal with Non Communicable Diseases. Diseases such as heart disease, stroke, cancer and chronic lung disease, kill more than 36 million people million people each year and account for 80% deaths in low- and mid-income countries. This is is furthered by the escalating

cost of allopathic drugs which poses a huge challenge for our country.

A large population of India still doesn't have access to proper healthcare facilities. Traditional or local medical practices try to fill these gaps in our society. One can find them in tents or temporary setups across a lot of Indian cities. They have no professional degrees to follow their names. They boast of no palatial or air conditioned buildings as their clinics. Nor do they have any modern laboratories or sophisticated equipment to aid and assist them in the work of diagnosing their patients. All these constraints notwithstanding, these wayside doctors claim to cure almost all maladies of the human body.

These medicine men work outside the purview of organizations controlling the medical system in India. They are considered outlaws in a rationalistic society which demands proof for everything. It's a complex issue which sometimes runs head on with superstition. Through my brief study of roadside dawakhana I tried to develop my understanding of the place of traditional methods in the current society.. For a majority of the population this is the care that is accessible and affordable.

WHO's TRADITIONAL MEDICINE STRATEGY

Countries all over the world are starting to recognize the need to develop an integrated approach to healthcare that takes into account Governments, healthcare practitioners and most importantly those who use healthcare services. Governments are looking at policies to integrate traditional and complementary medicine in a safe, cost efficient and effective manner.

WHO's recently launched traditional medicine strategy 2014 - 2023 to mainstream medicine along with modern western care and emphasizes on improving safety and access. The report aims to set up guidelines to apply traditional medicine for contemporary health requirements.

The main objectives of the WHO Traditional medicine activities are:

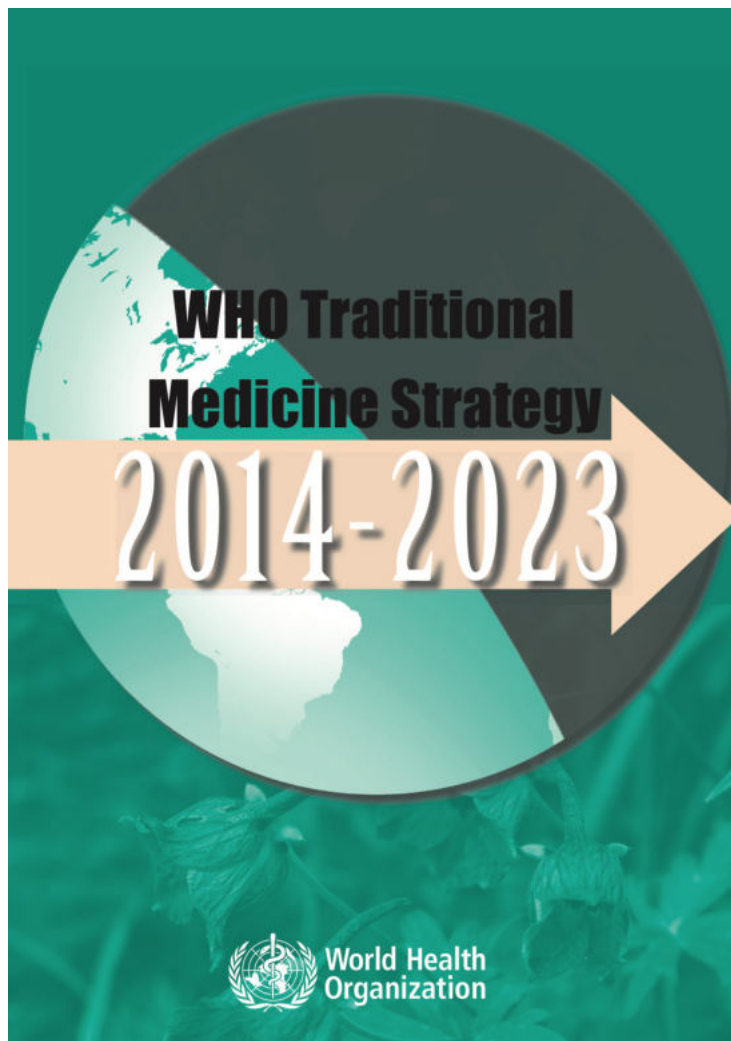
- To facilitate integration of traditional medicine into the national health care system by assisting Member States to develop their own national policies on traditional medicine.
- To promote the proper use of traditional medicine by developing and providing international standards, technical guidelines and methodologies.
- To act as a clearing-house to facilitate information exchange in the field of

traditional medicine.

Recommendations from the report include:-

- Member states should recognise complementary medicine as a resource that could contribute to the improvement of health and care services.
- They should explore how conventional and complementary medicine might be integrated into the National Health Service delivery system.
- They should promote the research on a cost effectiveness of integrating conventional and complementary approaches.
- They should promote continuing education, evaluation, evidence and research into complementary approaches.

There is a dearth of new treatments in modern medicine. Drugs take years to come through development pipeline and usually involve enormous costs in development. Rising drug resistance has also meant that several antibiotics and life saving drugs are rendered useless. In this scenario, pharmaceutical companies are looking at traditional medicines for new drugs.



Researchers policy makers, pharmas and traditional healers across the world are working towards contextualizing traditional medicines for the twenty first century. Top research bodies across the globe are serious about integrating traditional medicine into modern healthcare. Many countries including India are working towards methods and policies to harness and regulate traditional medicines.

However there are issues when it comes to regulating traditional medicines as qualirt of ingredients used for traditional medicines varies enormously between and even within source countries. These ingredients are not synthesized in labs as it is done with modern medicines.

Dosage also similarly varies from one practitioner to the other. Modern medicine demans that dosages are standardized based on factors such as body weight and disease severity. Traditional healers resort to providing medication that is decided at the time of consultation.

Regulating and expanding the reach of traditional medicines has a long way to go. This project aims at looking at one side of the story. That of the traditional healers.

TRADITIONAL MEDICINE IN INDIA

Historical evidence suggests that humans have been migrating to the Indian subcontinent since prehistoric times. The vast amount of knowledge that has come down to modern times is the result of evolution through trial and error and exchange of know how between different communities and regions. Years of evolution of medical knowledge has resulted in a vast wealth on the medicinal value of plants and other substances and their uses. Today, the traditional medical rare obliged to fit within the norms of western medicine. There is however a renewed interest in the scientific community about the intrinsic value of traditional medicine.

Historically in India Ayurveda evolved from a term that stands for 'knowledge of life' into a medical tradition with academic literature, recognised health practices, and an army of practitioners. Similarly a lot of alternate medical practices have evolved which approach the natural world with a view that unites physical structure of matter with metaphysical and religious insights. in most types of alternate medicines and healing practices, treatment is associated closely with philosophy and ethics, and still these practices are located in the wider context of ritual and social behaviour.

It was during the British colonial period that the traditional healing systems were relegated to a secondary level and modern medicine took the lead. Along with Britishers came the ideas of modernity and rationality, which made people discard traditional remedies and put a clear differentiation between fraudulent practices and proven remedies. There was failure to understand that there might be some novelty to the practices that have been followed for thousands of years. There is still a great deal to be found out about what works and how it works. As it has been since the dawn of humanity, something that today appears to have no investigative premise might one day be found to have one.

However, in all of this rationalising we forget to look at the fact that a lot of people's suffering is lessened regularly through methods where the exact science has yet to be found. It's one thing to believe in science and another to maintain a closed mind towards methods that might have potential good for millions of Indians.

The fundamental worry with alternate medicines is the absence of scientific evidence about its efficacy (lack of studies, trials, etc.) and additionally the prevalence of fraudulent practices. Samples of ayurvedic medicines have

often been found to contain steroids. WHO's tradition medicine strategy was introduced to make alternate medicines a safe and effective option in India. In the meantime, basic family healthcare practice that works with communities and integrates various forms of treatments is a workable solution.

In fact pharmaceutical companies are recognising the potential of these drugs and deceitfully acquiring patents for medicinal effects of traditional medicines which are widely used in India for treatment. 'Aveda' is a company which took certain Indian plants with medicinal benefits from India to the US, where they patented it and sold it to Estee Lauder for millions.

What is clearly required is more research, but there is also the need to drive down the costs of the healthcare system which is unaffordable to many Indians. Exploring traditional medicines, its efficacy and distribution is a worthwhile endeavour to make treatment accessible to a lot of people. Research in traditional medicines can also give more affordable healthcare but also uproot fraudulent medical practices and medical practitioners who are just looking to extort people. It wouldn't be a bad idea to include study of traditional medicines in academic programs.

DAWAKHANAS

We can find a number of these tents on the wayside dotting the cities in almost every major city in India. For the most part a little tent on the wayside with a variety of various of all shapes and sizes vials containing different herbs and arrangements. A banner outside the tent conveys a couple of words about the diagnosing abilities of the 'vaid ji' and a rundown of different sure shot treatment plants is apparently accessible in this minimal establishment.

They boast of no degrees or any significant air conditioned structures as their centres. Nor do they have any present day research facilities or modern hardware to help them in the work of diagnosing their patients. Regardless of these limitations these roadside specialists claim to have a sure shot treatment to cure almost all illnesses a person can be diagnosed with.

One of the things that attract people to these v aids is their non dependence on any form of medicinal test staple to large medical establishments for diagnosing their patients. They never request any X-Ray, ultra sound, C.T Scan, urine or blood tests. They claim to detect the ailment just by feeling the beat of the patient. Patients consult for any number of ailments, for example, jaundice, viral fever, chicken pox, polio, loss of motion,

circulatory strain, heaps, diabetes, asthma, kidney issue, sex issues, sporadic menses, stoutness, skin issues and even far extreme sicknesses.

A patient is required to undergo treatment which might run upto six months. He/she might be charged anywhere between Rs.50 to Rs.500. The low price point is a major factor that attracts people to the treatment. A patient is 'promised' complete cure on the completion of their complete course according to rules, however they do not guarantee a cure if the rules are not held fast to.

Their customer base by and large comprises of male individuals from the lower salary bunch between 15 to 40 years old. Absence of sex instruction, which causes different worries in the psyches of youths, is a main consideration which pulls them towards these 'dawakhanas'. Maybe they think that its much simple to exclaim their fears before one such vaid as opposed to heading off to some enrolled restorative professional. Possibly the apprehension of being spotted by some associate at such centers goes about as an obstacle for them.

One of the debatable aspects of dawakhanas are the common conception that ayurvedic medicines are free of side effects. What people don't know

is what they serve in the name of ayurvedic medicines. It has been reported in a number of cases that these medicines are composed of steroids. These steroids give a temporary feeling of well being and doubtful patients are made sure about the adequacy of these solutions. What these patients do not comprehend is that the ingredients used in these medicines may play havoc with their body and may result in unsalvageable harm. One of the agendas of WHO is to regulate these medicines and develop a framework that benefits both the sides.

Often it is their customer base that decides their stay at one place. They usually stay at one spot for a few weeks and if the response is good they end up staying there for months. Yet once the dawakhana moves to a new place it's almost impossible to spot their whereabouts. This makes it difficult to hold them accountable.

These dawakhanas usually claim that the ingredients for their herbal medicines are directly sourced from the Himalayan ranges, Kerala, Himachal and many more places. They often grow uncomfortable when asked such questions tend to not answer such questions.

Despite the unstructured and informal methods

of medical practice which according to them originated from ayurveda and homeopathy, they are in demand and usually claim to see three to five patients on a slow day.

While the Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954 denies notices of medications and cures that claim to have mystical properties, there is by all accounts no halting these vairs.

STUDY METHODOLOGY & QUESTIONNAIRE

For this study I primarily focussed on four traditional healing practitioners in Delhi and as the project evolved my focus grew towards a healing shrine in Maharashtra. Since I had read some amount of secondary data regarding their workings, it was important to ask questions in such a way that I didn't accidentally "lead" informants into saying what I had already read than what they think.

Another challenge during this project was trying to get a response from the interviewee and explain the goal of doing this study in a way that they would understand. There was a lot of apprehension to give the interview, or their place or they themselves be photographed. Their apprehension came from the idea that I might be a government agent or an investigative journalist trying to shut their business. This was usually solved by assuring them of your identity and usually giving them your contact details in case they want to contact you about the interview.

To conform to modern "human subjects research" standards, informants should always be told that there is no obligation to answer any particular question, and that the interview can be stopped at any time. This in a way gave them a certain control over the interview and made them comfortable.

There is no way you are going to remember everything you are told in an interview, and notes are an important part of interviewing. My note taking usually struck the informant as creepy and therefore it disrupted the flow of information sometimes. Audio recordings seem as though they should be the obvious solution to all these problems. But even audio recording made the interviewees uncomfortable. I usually used tried to set up a recorder and then just concentrate on the interview. This made the interviews more comfortable.

Owing to the short time frame, participant observation wasn't an option with the dawakhanas. Participant observation usually involves staying among one's subjects for a long time, typically a year or two, sometimes ten or more. For the purpose of this project, this wasn't feasible, and data collection was more dependent upon formal interviews. It's important to remember that they were doing me a favour and being respectful and courteous was extremely imperative.

Could you state your name?

Where do you hail from?

How long have you been practicing?

How many generations has your practice sustained?

How were you taught this practice?

What's the duration of your stay at this place (in case of temporary setups)

What are the type of treatments that you give?

How much do you usually charge?

How long do your patients stay on your treatments?

Are you part of an organization of some kind?

What are the kind of ingredients that you use?

Where do you source them from?

How is your practice different from the existing medical practices?

Do you face any problems from health officials?

Do you think your practice needs to be recognized and included in the mainstream medical practices?

Have there been cases where modern medical practice hasn't been able to cure that you managed to cure?

Do you have any religious associations?

How do you promote yourself?

VISIT 1 : DAWAKHANA IN DHAULA KUAN, DELHI

The first obvious step in this project for me was finding a dawakhana that I had pictured and read about in my secondary research. This first dawakhana was located ahead of Dhaula Kuan in Delhi. They were situated right next to an important highway which meant that they had a steady flow of patients in the form of truck drivers and low wage workers who generally would use those roads.

There was a huge banner announcing the vaid ji and his accomplishments and the kind of ailments he cured. As I approached the tent there was a man standing there who approached us. I asked him who was incharge of the dawakhana. He gestured me to follow him. I explained to him what my project was and my intention of interviewing him. He told me that it was his father who was responsible of the tent but since he was away his son (person I was talking to) was responsible. He was apprehensive about giving the interview at first but then I assured him that I meant no harm to him or his occupation. There was music (prayers) coming out from the loud speaker. This loud speaker is used for marketing the tent during the day time, calling people to visit for curing various illnesses.

I came straight to the point and told him I wanted to know what this tent is? How does he run

it? The man was definitely disappointed to learn that I wasn't a customer; however he was generous enough to give the interview. Although it did take a lot of persuasion and exchanging of contact information to convince him. I glanced around to watch the many jars filled with different herbs along with many framed pictures of the Hindu gods and goddesses.

The person I was interviewing was Rahul and he hailed from Haridwar. He explained to me that it was a family trade that had been running for generations. They had moved out of Haridwar a long time ago and now kept wandering from place to place. They didn't have affiliation with any sort of organisation. Usually they would customise the medication based on the patient's ailments and use different herbs. Diagnosis happens by just looking at their tongue or eyes or by feeling their pulse. Herbs are sourced from Himachal and Haridwar. They have suppliers who usually come to them. One interesting insight I got here was of their suppliers.

He explained that they work and deal with companies such as 'Kedarnath, Badrinath and many more'. These are not names of the hill stations but name of companies that supply herbs to these tents when they are out of stock. Most of these

companies are from the state of Uttaranchal. They make big money operating like this in several cities paying no taxes and no fixed costs. His job was just to run the shop and the companies were the ones who would get the supplies to them.

When I asked him about how he was educated in these methods, the man advised that boys like him stay with their guru since childhood and acquire the skill through pure experience. There is no education or qualification required what so ever. It is a poor man's clinic where the patients are charged Rs.20 for consultation to Rs.250 for the medication for an illness which may cause thousands at any nominal hospital. It is not recommended that you try any of the herbs here. He explained that unlike western medication they diagnose the patients for several days or even months and each ailment is cured in a different way. He clearly saw his practice as something completely different from modern medication and had a lot of faith in his practice.







VISIT 2 :
RUHAANI ILAAJ KHANA NEAR
NIZAMUDDIN, DELHI

The interview at roadside dawakhana gave a great insight about the way practitioners of traditional medicines worked. After the previous interview I looked at other similar dawakhana. The answers to my questions were similar with only minor changes in their answers. I tried looking at other alternate medical practitioners. After numerous bus journeys around Delhi, looking for alternate practitioners on a hunch, I found one near Nizamuddin Delhi. The place I found was a faith healing shrine near the 800 year old tomb of Hazrat Amir Khusro the famous sufi musician, poet and scholar.

The practice of spiritual healing, called “Ruqya” in Islam is as old as Islam itself. The concept of using divine positive energy to counter the negative created forces such as those of the evil eye, black magic and the like is inherent to the Islamic understanding of life and the forces that it is comprised of. This centuries old practice has been a source of healing for thousands of patients with a varying range of illnesses.

The healers at the Amir Khusro Qabristan in Nizamuddin follow the philosophy of Islamic Spiritual healing. The shrine that I visited also acted as a langar (common kitchen/hall) where they served food to underprivileged children as

the homeless. He had been practicing for nearly 35 years. The person used to practice at the Dargah before moving to their current place. They used to get around 15-20 patients everyday when they practiced in the dargah and it has considerably gone down since they moved to the new place. It seems their philanthropic activities had taken centre stage. When they get a patient they usually try and diagnose him/her and see whether it was a case of evil eye or black magic or madness. They do not use herbs to cure their patients, they believe in ritual and faith healing to cure their patients. When asked if they charge their patients, they explained that they don't explicitly charge their patients but don't someone contributing to their practice. The common kitchen is completely self sustained and they do not ask for donations.

He got into the faith healing practice on his own. They have to go through a training and it's through their understanding of god that they claim they are able to diagnose the patients that come to them. Ruhaani ilaaj the name itself means the treatment of the soul or spirit. The 'pir' at the Amir Khusro Tikona Qabristan believed that they treated people's ailments through counselling and through their faith in God.

It is interesting to see how they don't work on

a model of profit as compared to the earlier dawakhana. Their philanthropic endeavours hold more importance to them as compared to making money out of treating the patients. In Islamic medicine and healing it is well known that the body is a manifestation of the heart, and that the pains and illnesses of the body are a manifestation of the pains and illnesses in the heart. It stands to reason that until the heart is healed the body will not change its complaints. It's increasingly obvious that illness arises from unresolved or suppressed agitation in the self. This is the wisdom, the science and the success of Islamic spiritual healing.







MAHANUBHAV SECT

During my study of alternate medical practices I came across the Mahanubhav Shrines where Shubha Ranganathan and before her Vieda Skultans had done extensive studies regarding the interpretations of trance and affliction and the associated psychological problems which were found to be held by the different temple inhabitants.

Mahanubhav temples have a long tradition of being visited by people suffering from various kinds of afflictions, particularly magical afflictions. Afflicted pilgrims stay in the temple for a specified ritual period, typically ten or forty days, and participate in the temple worship activities. The arati is expected to induce the afflicted persons to go into a trance, which will draw out the ghost. Thus, the trance is a central part of the healing process.

The studies of women residing in Mahanubhav temples critically evaluated both the rationalist and public mental health framing of healing shrines. These cases demonstrate at once women's agency and resilience in dealing with distress, as well as the importance of temples as sites of refuge.

The temple stay thus becomes a culturally mediated means of processing psychosocial stress

in a socially sanctioned manner.

Davar and Madhura Lohokare's extensive survey of healing shrines in Maharashtra found that women resorted to shrines not only to cure afflictions, but also in order to access a safe haven during crisis periods.

For women undergoing family crises and unbearable social situations, the temple provides a refuge which in some cases becomes a permanent home. For 'mad patients', whose behaviour had become unmanageable for their families, she argued that the temple essentially provided custodial care.

Rationalist perspectives would argue that women 'use' possession strategically and instrumentally to resist patriarchal hegemony. Quack found that rationalists regard women exhibiting trances as either mentally ill or deliberately faking possession in order to gain some advantage. The temple stay becomes an acceptable way of solving psychological problems because it is interwoven with religion.

MAHANUBHAV SHRINE
PHALTAN, SATARA DISTRICT,
MAHARASHTRA

Phaltan, Satara District in Maharashtra has one of the largest Mahanubhav Shrines in the country. It is regarded as one of the pilgrim spots for Mahanubhavs. Phaltan is nearly 300 km from Mumbai and is a small town in Maharashtra. Phaltan is believed to be the birthplace of the founder of the Mahanubhav sect Chakradhar. The sect has its origins during the Bhakti movement during which Brahminical rituals and religions were opposed.

Mahanubhav shrine in Phaltan has a beautifully constructed sandstone temple which is surrounded by quarters for the afflicted pilgrims to stay. Women who become permanent followers of the temple are dressed in complete black or complete pink with covered heads. The men are dressed in white and wear a peculiar headgear. Pilgrims usually come and stay at the temple for 10 days to 3 months to get their illnesses cured.

I had a chance to interact with the head monk of the shrine Mahantshri Vidhvans Shamsundar Shastri about the practice of treating people by making them go into trance. Like the faith healers in Delhi he had the same thing to say that most problems are within the human body and the mind. Manubhavs also propagate a righteous way of living where they ask the afflicted to accept

vegetarianism and leave alcoholism. They also propagate the same idea that it is through the faith in god that they are able to cure the problems of the afflicted.

Surprisingly I found the monk quite liberal about his ideas about religion and faith healing. He explained that the trance that women go into at the temple most of the times is induced due to peer pressure and the environment around them. He claims that only 10% of the trances are genuine. He claims that religion is only there to show people the right path and it's the people who have convoluted this idea of religion.

During my visit I observed a nurse from Mumbai who was there to cure her affliction. What struck me was that she was someone who was exposed to modern medical treatment and yet nothing could make her affliction go away and she had to resort to trance. Her mother was there with her and it was a powerful moment when I saw her in the temple praying desperately for her daughter. This only made me ask the question - is there a right way of treatment, or is there something more to what we call alternate medical treatment?





















VISUAL OPPORTUNITIES

In terms of visual possibilities of shooting the places I visited, the stories around the people is what makes the place interesting to shoot. The project started with documenting the locations where these people and it eventually became a project about the people. I will now talk of each of these places individually.

DAWAKHANA

Dawakhana has a strong sense of nomadic vibe to it. Everything in and around the tent looks makeshift and looks as if it can be dismantled in a jiffy to be taken to the next place. There is a very innate quality to the setup, which mimics both a temple and a circus at the same time. The colourful cloth using patch work beautifully compliments the colours of the dress that the vaids wear (none of the vaids agreed to be photographed). Typography of their signages is also a very appealing thing about their setups. It is usually in Devanagari and there is a strong visual hierarchy that immediately tells what they do and their proficiency at it. Inside the tent there are about two dozen neatly stacked vials of ingredient which one can term as their way

of visual merchandising to attract customers. They also have images of gods and goddesses adding to the overall appeal of the dawakhana for the customers. Dawakhana has a very intimate and small space and that is biggest visual appeal about them.

RUHAANI ILAAJ

Hazrat Amir Khusro's tomb comes with a baggage of history. There is another tomb in the compound of their establishment that is still unidentified. The common kitchen or langar that they run daily is another subject that has the potential to be documented well. A number of people are hosted at their place daily which is interesting for a place that also cures people. There is a small cabin where the 'pir' does his consultation which is lined with frames of Islamic calligraphy.

MAHANUBHAV SHRINE

The Mahanubhav shrine Phaltan has a beautifully constructed sandstone temple where members of the mahanubhav sect come to pray. Beautiful carvings adorn the walls of the

temple. Phaltan is considered as the birthplace of the sect's founder and hence considered as a very important pilgrim spot for the Mahanubhavs. Women who are followers of Mahanubhav sect are usually draped from head to toe in pink or black. The men usually draped in white with a peculiar headgear as shown in the images before. Their clothes vary according to their hierarchy from black to white to pink, where pink seems to be a sign of purity and is worn by the older Mahanubhavs and the head monk. Even though idol worship was something that the founder of the sect was strictly against the followers have adopted a pedestal in the temple as an idol and worship that. The pedestal is called an 'Otila'. Pilgrims who are afflicted usually come to the temple to get cured are expected to go into trance during the arati. The Mahanubhav shrine is an excellent place to look at the devotion of pilgrims and their back stories and how they rationalise their afflictions to be because of superstitious causes.

CONCLUSIONS

During this project I tried to have conversations with as many people as I could about their perception of traditional medicine. It became clear to me that there are people who are quite polar on the efficacy of traditional healthcare.

Freedom from pain and suffering has been a major preoccupation of Indian society since antiquity, like many other traditional cultures. Based on a shared understanding of human nature and the causes of suffering, every society has developed its own healing institutions and practices. The traditional systems so evolved have weathered the vagaries of time, and still thrive in the present times on popular support. A wide range of healers and healing centres, which includes temples, majars, shrines, local deities, etc. are found in every nook and corner of the country. The burgeoning crowd which one sees around these places is a testimony to the fact that their relevance for healing the human psyche has not declined.

India has diverse healing traditions based on classical knowledge as well as regional folk practices. Regional medical knowledge, classical Ayurveda and diverse medical practices brought by traders and travellers throughout recorded history have created a unique medical culture in

this part of India. The natural resources found here have also been important for developing specific healing practices that even today distinguish this region.

Archaeological and modern genetic evidence suggest that human populations have migrated into the Indian subcontinent since prehistoric times. The knowledge of the medicinal value of plants and other substances and their uses go back to the time of the earliest settlers. The vast amount of medical knowledge that has come down to modern times is the result of long evolution through trial and error and exchange of know-how between diverse communities and regions. The process of exchange and assimilation continues, and today traditional medical practices are obliged to accommodate to the norms of modern biomedicine. However there is growing awareness among the scientific community and the general public about the intrinsic value of traditional medicine.

According to the Fifth Plan Document (1992), India has more than half a million traditional healers. This number, of course, includes all practitioners of alternative medicine. A gross estimate (VHAI, 1991) suggests that more than 90% of the Indian population use these services

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