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Short Communication

Advancing Inclusive and Democratic Medical Pluralism in Nepal

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Abstract

Medical pluralism is the rule around the world rather than the exception. The type of medical pluralism that exists in many settings, however, is hierarchical, exclusionary, and undemocratic. Medical pluralism has official acceptance in Nepal, where both biomedicine and traditional systems of medicine have legitimate space in formal health care system. However, traditional systems of medicine fall far behind in terms of budgetary allocation, institutional strengths, service delivery, education and research, and local medical systems have not yet attained legitimate status. This paper offers a perspective on the structure of medical pluralism and suggests some measures that can contribute to Nepal's efforts toward inclusive and democratic medical pluralism.

Keywords: medical pluralism, hierarchy of medicine, biomedicine, traditional medicine, traditional healers

Introduction

Pluralism refers to a form of society in which many different groups of people maintain their distinct cultural traditions. Unlike monism, pluralism entails acceptance or toleration of diverse traditions, practices, and knowledge systems. The concept of medical pluralism refers to the "co-existence of diverse medical traditions in a single setting" [1] where people may choose to access different forms of medicine depending on their personal preferences, cultural backgrounds, and particular illness condition they are experiencing.[2]

Traditional systems of medicine have a history of suppression, marginalization and exclusion. They have transitioned from *de facto* to *de jure*, or from delegitimized to relegitimized state.[3] In recent decades, there has been a resurgence of interest in traditional and complementary medicine.[4] This has

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led to a greater acceptance of medical pluralism in many parts of the world. One of the main factors for the wider acceptance of medical pluralism is the growing recognition of the limitations of biomedicine.[5,6] Many people turn to traditional medicine, to address the root cause of the health problems (healing), rather than just to treat the symptoms (curing). They prefer traditional medicine not only because of the cost but also because of its cultural closeness and holistic nature.[7]

Medical pluralism is the rule around the world, not the exception.[8] However, the kind of medical pluralism that exists in the world today is undemocratic and exclusionary.[9–11] Though conceptually, medical pluralism sounds "more or less on an equal footing" of co-existing systems of medicine, biomedicine dominates other forms of medicine.[12] Charles Leslie, who is known for the conceptual development of medical pluralism, asserts that biomedicine progressively subordinates other forms of medicine.[13]

A hierarchy of medicine exists whereby biomedicine is on the top followed by scholarly traditional medicine (such as Ayurveda, Homeopathy and Unani) and at the bottom fall local or "folk" medicine.[14] Although medical pluralism is officially recognized in Nepal where scholarly traditional medicines along with biomedicine secure a legitimate place in the formal health care system, a variety of local medical systems lack such a place[15]. This paper examines the structure of medical pluralism and recommends some measures to advance medical pluralism in a democratic and inclusive manner.

Classification of medical systems

Based on geographical and cultural settings, Dunn classifies medical systems into three groups: cosmopolitan, regional, and local medical systems.[16] Cosmopolitan medical system refers to biomedicine. Regional medical systems include scholarly traditions which are distributed over a relatively large area such as Ayurveda, Unani and traditional Chinese medicine. Local medical systems include popular traditions of small-scale societies. Both regional and local medical systems are indigenous traditional medicines but the former represents the scholarly or textual traditions and the letter represents oral and non-scholarly traditions. Diverse forms of medicine co-exist in Nepal and, following Dunn, can be divided into the following three groups:

1. ***Biomedicine***, which is invariably known as allopathy, scientific or modern medicine.

2. ***Traditional medicine***, which includes Ayurveda, Homeopathy, Unani, Yoga and Naturopathy, and Sowa-Rigpa, are legitimized and institutionalized systems. Other traditional and complementary medicine such as traditional Chinese medicine, acupuncture can be included in this group.

3. ***Local medical systems*** includes diverse forms of oral, non-scholarly and popular traditions. Developed and used by local and ethnic communities over time, popular traditions include traditional healing, herbal healing, bone setting, spiritual healing, and midwifery and massage practices. These forms of medicine are also known as "indigenous traditional medicine" and are practiced at the primary health care level.[17] The popular variants of traditional medicines lack official legitimacy, and the practitioners or traditional healers are practicing as informal providers.

A big tree and small herbs

I would prefer to use an analogy of a big tree and small herbs to describe the hierarchical structure of Nepali medical pluralism. If we look into the amount of budgetary allocation, number of health facilities, size of human resources for health and educational institutions, biomedicine looks like a giant tree under which scholarly and popular traditional medicine look like shrubs and herbs. We can imagine a picture of a large tree under which

some shrubs and some more herbs are struggling to grow, often deprived of sunlight. The budgetary allocations, health facilities, human resources, and educational institutions show how big is biomedicine, and how small are scholarly and popular traditional medicine.

2017/18 Rs. 32,954,405,000 was allocated to the Ministry of Health and Population and of which Rs. 643,173,000 (1.95 percent) was allocated to the Department of Ayurveda and Alternative Medicine (DOAA),[19] the department responsible for the management of traditional medicine service in Nepal. Among the traditional systems of medicine, Ayurveda looks like a big tree under which Homeopathy, Naturopathy, Unani and Sowa-Rigpa look like shrubs and "folk" medicine herbs. Sometimes, it seems that Ayurveda is the only traditional medical system practiced in Nepal. Other traditional systems of medicine do not receive even five percent of the budget that the DOAA receives. A very small amount is allocated to traditional healers' training and research activities.

Health facilities

A total of 4184 public health facilities (201 hospitals, 189 primary health care centers, and 3794 health posts deliver biomedical health care services whereas 382 Ayurveda facilities (two hospitals, 14 Zonal Ayurveda Dispensaries, 61 District Ayurveda Health Centers, and 305 Ayurveda Dispensary) deliver Ayurveda services.[20] Only one public hospital provides Homeopathy and one dispensary provides Unani services. Even in the private sector, biomedicine has by far the highest number of hospitals, medical schools, nursing homes, clinics and pharmacies. Comparing all of the traditional systems of medicine that are being practiced Ayurveda has by far the highest number of facilities.

Budgetary allocations

The government of Nepal allocates around five percent of its budget to the health sector but less than five percent of the health budget goes to the traditional medicine sector.[18] For example, in

Human resources

There are a total of 267891 registered human resources for health in Nepal of which only 5544 are registered traditional medicine practitioners (5071 Ayurveda, 71 Naturopathy and Yoga, 174 Acupuncture, and 228 Homeopathy and Unani).[21] Practitioners of Sowa-Rigpa (*Aamchi*) have not yet registered. This shows that traditional medicine practitioners constitute only around two percent of total human resources. The "folk" medicine practitioners or traditional healers may outnumber the registered traditional medicine practitioners but to date, only 19 traditional healers are registered with Nepal Ayurveda Medical Council. However, *National Strategy for Human Resources for Health 2021-2030* [21] does not count them as a separate category.

The total sanctioned human resources under the Ministry of Health and Population is 31592, [21] of which only around 1500 are with DOAA. The number of government employees for Homeopathy and Unani is far less, less than two percent of the total staff of DOAA.

Educational institutions

There are a total of 22 medical colleges that offer graduate courses (MBBS) with a total intake of around 2000 seats whereas only three Ayurveda medical colleges offer graduate courses (BAMS) with an intake of around 120 seats, and only one college affiliated with Lumbini Buddhist University has started to offer Bachelor of Sowa-Rigpa Medicine and Kathmandu University has started to offer Bachelor in Yogic Sciences and Wellbeing with limited seats but none exists for Naturopathy, Ho-

meopathy and Unani. Similar is the situation with the number of colleges and enrolment capacity for undergraduate courses. According to 2078/79 annual report of CTEVT (Council for Technical Education and Vocational Training), the total enrolment capacity in certificate/diploma programs was 17,372 but the total intake capacities for traditional systems of medicine was just 440 (Ayurveda 320 seats, Homeopathy 40, Yoga and Naturopathy 40 and Acupuncture, Acupressure and Moxibustion 40 seats).[22]

Undemocratic and exclusionary medical pluralism

The kind of medical pluralism that exists in Nepal is undemocratic and exclusionary. It is undemocratic because only one medical system exerts dominance over other medical systems and controls resources, and many other co-existing systems have very limited roles to play in the formal structure of the health care system. It is exclusionary because many local medical systems are not included in the public health system, and traditional healers remain out of statutory registration.

Medical pluralism is criticized for it tends to hide the hierarchy, and perpetuate health disparities, justifying unequal access to care. Therefore, of crucial importance is to ensure that people have access to high-quality, safe, and effective healthcare options. The use of traditional medicine, particularly those of popular varients, is correlated with the exploitation of vulnerable populations by making them rely on medical practices that are not based on sound scientific evidence. Those who rely on traditional healers may have limited access to official health care, either because health facilities are not available in the areas where they live or because they are unaffordable or what is available to them may be of poor quality. Though traditional medicines have a long history of use and can provide valuable benefits to those who use them, it is important to ensure that traditional medicine is safe, effective, and of sufficient quality. Recognition of the traditional systems of medicine, the establishment of a regulatory mechanism, and sufficient funding is necessary to achieve inclusive and democratic medical pluralism.

Figure 1: Hierarchical medical pluralism in Nepal

Practitioners of scholarly traditional medicine are registered either with Nepal Ayurveda Medical Council or with Nepal Health Professional Council but traditional healers practice informally, without getting registered. Department of Ayurveda and Alternative Medicine (DOAA) has recently drafted a *Registration Standard for Traditional Healers* [23] as per Article 22 (3) of the Public Health Service Act 2018, which makes it mandatory to be registered to practice. [24] The draft standard requires traditional healers to be registered with the local governments to provide traditional treatment services. It defines traditional healers as *paramparaagat upachaarak*, for those who are involved in providing treatment for certain diseases by using certain herbs or sources, who have acquired healing knowledge through at least 15 years of closeness to ancestors or *gurus*, and who have adopted traditional healing as their main occupation. [23] The standard attempts to bring traditional healers into a regulatory framework by defining their role and legitimizing their practices. A large section of the rural population in Nepal depends on traditional healers for their primary health care needs. In remote and rural areas what is available and accessible as traditional medicine is the one provided by the traditional healers. Traditional healers' services are available at their doorstep, often free of cost or at a minimum cost.[15]

Recommendation

The following measures are important to move toward inclusive and democratic medical pluralism:

1. The potential value and historical and cultural importance of traditional medicine must be recognized. Great damage has been caused to traditional systems of medicine due to the state's skepticism and unjust treatment.[25] This injustice and damage should be corrected by increased funding for traditional medicine and expanding traditional medicine services across

the country. In the public sector, there are only three Ayurveda hospitals outside Kathmandu valley[26] and none exists for other traditional medicine such as Homeopathy, Naturopathy and Unani. The number of traditional medicine facilities has not increased significantly during the entire planned development period. For example, before the beginning of the first five year plan in 1956, there were 343 Ayurvedic facilities and now even after the end of the 14th plan in 2019/20, there are just 382 Ayurveda facilities.[27] Similar is the case with Homeopathy, Unani and Nauropathy. The state policy, as stipulated in The Constitution of Nepal is "to protect and promote Ayurveda, natural therapy and homeopathy system." [28] However, no public facilities are available for naturopathy. In the spirit of the federal system of governance, traditional medicine facilities must be expanded in a way that allows people to access them easily.

2. The kind of traditional medicine service to which people have access is not the official Ayurveda, Homeopathy or Unani but the healing services which traditional healers, herbal healers, bone setters, traditional midwives provide. These traditional healers are often described as the "first point of contact", the "primary source of care", and sometimes the "only source of care". Even today, less than one-third of scholarly traditional medicine practitioners practice in rural areas (urban 3600 vs. rural 1630).[26] However, traditional healers lack official legitimacy and serve as informal providers. Traditional healers should be brought under the regulatory framework, by establishing standards for registration, certifying their practices, delimiting their role, and building mechanisms for training and capacity building activities.

3. People should have the right to choose the healthcare options that best meet their needs, and this choice should be respected and supported by the national health system. People use diverse forms of medicine for their health problems. Even for a single episode of an illness, people use different medicine and therapies. For example, they may use herbal remedies or Ayurveda medicine in conjunction with biomedicine. Though medical pluralism offers more choices and options for everyone, it does not serve all equally, some benefit but some do not. Many people find it difficult to choose the right care for their problems and delay in getting appropriate care which might result in treatment failure, complication, increased cost, and suffering. People should be provided with information about the different options available.

4. The kind of medicine people use, be that biomedicine or traditional medicine, must be safe, effective, and of sufficient quality. The question of quality is directed toward popular traditional medicine. It is ridiculous to water one plant and complain about the undergrowth of another. Traditional medicine, both scholarly and popular, need increased funding for quality enhancing activities such as training, education, research and validation.

5. There are practitioners trained and experienced in diverse forms of medicine. Undeniable is the fact that medical power is not equally distributed among the different practitioners of different streams of medical knowledge. There is a hierarchy, with biomedical practitioners at the top, Ayurveda and alternative medicine practitioners in the middle, and traditional healers at the bottom. However, for ordinary people, all the practitioners and their services are equally important. From the patient's perspective, they are all healers, regardless of the stream in which they are trained or specialized. When the common goal of all practitioners is to help patients, there is no point in pitting one against another. It is important to promote open and respectful dialogue, mutual trust, and cooperation between practitioners of different medi-

cal traditions. By working together and sharing knowledge and expertise, it may be possible to find common ground and improve the overall quality of care available to patients.

Conclusion

Medical pluralism has gained official recognition in Nepal with the statutory registration of scholarly traditional medicine. However, the kind of medical pluralism that exists in Nepal is unjust, exclusionary, and undemocratic. Though official documents are full of commitment to develop and expand traditional systems of medicine[29,30], a harsh reality is that these systems fall far behind biomedicine, and popular traditions are struggling for legitimacy. Expansion of traditional medicine services and the integration of traditional healers as legitimate practitioners can contribute to the efforts of Nepal toward inclusive and democratic medical pluralism.

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