



A REVIEW ON SOCIAL BELIEFS ON HERBALISM AND TRADITIONAL HEALTH CARE PRACTICES IN INDIA

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ABSTRACT

Traditional Healing is the oldest kind of organised medicine, that is, a style of medicine that has an underlying philosophy and set of rules by which it is performed, and it has been around for thousands of years. It is the medicine from which all subsequent kinds of medicine sprang, including Chinese medicine, Graeco-Arabic medicine, and, of course, contemporary Western medicine as we know it. Traditional Healing was once an intrinsic aspect of semi-nomadic and agricultural tribal civilizations, and while archaeological evidence suggests otherwise, healing is still practised today.

The systematic review was done on literature on how traditional practises are carried out all over India with reference to the different papers published in different journals in the year 2012. A few studies also examined the practise of traditions and how they are going to be extinct because the skill was not carried out by their children and grandchildren.

The primary difficulty in India for herbal practises, as I saw, is that children and grandchildren are not continuing the profession, and that the land, which is fertile for growing several medicinal plants, is being lost due to deforestation. As the population grows, so should the health system; any health should be monitored and run by councils, who should keep track of herbal practises and provide certificates to trusts if they are interested in taking a course.

KEYWORDS: *Ayurveda, herbalism, traditional practices, rural areas.*

1. INTRODUCTION

Traditional Healing is the oldest kind of organised medicine, that is, a style of medicine that has an underlying philosophy and set of rules by which it is performed, and it has been around for thousands of years. It is the medicine from which all subsequent kinds of medicine sprang, including Chinese medicine, Graeco-Arabic medicine, and, of course, contemporary Western medicine as we know it. Traditional Healing was once an intrinsic aspect of semi-nomadic and agricultural tribal civilizations, and while archaeological evidence suggests otherwise, healing is still practised today.

Although the first evidence of its existence goes back only to roughly 6000 B.C., its beginnings are most likely far older than that. The end of the latest Ice Age has been reached. However, there were still significant regional variations in the ideals and philosophy of the movement. Even if there are several essential parallels that result from the vast understanding of traditional healing, there are also many differences.

Natural laws and the concept of how these impact living things are shared by all traditional Healers, as is the understanding of how these influence living things. The traditional medical practitioner or traditional healer might be characterised as "someone who is regarded by the community as having expertise in traditional medicine or traditional healing."

He considers the community in which he lives to be capable of providing health care via the use of plant, animal, and mineral substances, as well as some additional approaches depending on the social, cultural, and religious backgrounds of the participants, as well as the dominant culture knowledge,

attitudes, and beliefs about physical, mental, and social well-being, as well as the causes of sickness and the prevention of disease Inclusion of people with disabilities into their communities". Traditional healers employed a variety of therapeutic formulae made from a variety of natural ingredients.

There are three types of animals: domestic, mineral, and vegetable. They have a great understanding of the medicinal and culinary uses of plants and herbs. For the purpose of nourishment, there are different types of healers who practise the traditional along with herbal healing practices. They still exist in India in every rural area, and although everybody uses the plants and animal extracts, they specialise in different areas of healing.

They are;

Herbalists.
Prophets/faith healers
Diviners.
Traditional birth attendants
Veterinary.
bone setter.
Acupuncturist.
breathing treatment, etc. are practiced in different regions of India (Ramashankar; S. Deb and B.K. Sharma (2009).

2) OBJECTIVES

- To review the health care practices of the traditional healers and herbalist.
- To review about the literature on practice of traditional becoming extinct.



3) METHOD

A systematic search of the literature was conducted in PubMed, EBSCO (including Academic Search Complete, ERIC, Academic Source, and the Psychology and Behavioural Sciences Collection), Science Direct, Springer Link, Taylor & Francis, Wiley Online Library, Directory of Open Access Journals (DOAJ), google scholar, the search criterion was the descriptor "traditional health practices and herbalism in India."

4) FINDINGS

Recently, there has been a movement in the worldwide tendency away from synthetic medication and toward herbal therapy, which we are seeing in the United States. To put it another way, "Return to Nature. "Medicinal herbs have been used for thousands of years and are quite beneficial. It is regarded as a rich source of medicinal compounds for the prevention of many diseases around the globe. Maladies and afflictions Mother Nature has endowed our land with an immense bounty of resources. As a result, India is often referred to as "the Medicinal Garden of the World. "world. China, India, South America, Egypt, and other nations with ancient civilizations are among those to be mentioned here. We continue to use a variety of plant medicines to treat a variety of ailments. India has a distinct advantage in this aspect. A geographical location in the globe where a number of recognised indigenous systems of medicine, such as, for example, Ayurveda, Siddha, Unani, Homeopathy, Yoga, and Naturopathy are among the treatments that are being used. Health-care services for the general public. Herbal medications are unquestionably popular among both rural and urban people, and this is true in both countries. Community of India. One of the factors contributing to the popularity and acceptance of natural goods is the perception that all natural products are safe. The demand for plant-based pharmaceuticals, health goods, and cosmetics is increasing. Food supplements, cosmetics, and other related goods are growing increasingly popular in both developing and developed nations. For the reason that it is becoming more obvious that natural goods are non-toxic They are less likely to cause negative effects and are readily accessible at reasonable rates (Manish Gunjan et al.,2015)

Medical tourism became popular in the twenty-first century. a strategy for attracting people to herbal medicine and for educating them about it encourage international trade People have become more globalised as a result of globalisation. Look for improved therapy options. Several countries, including Japan, the United States, the United Kingdom, and European nations, have adopted the number of old persons is steadily increasing. at the same time Life expectancy has risen steadily throughout time, indicating that as a consequence, there is a higher demand for natural health care. strategies. India has the capability to carry out such plans. The number of medical tourists is projected to be at 1.27 million. From a variety of nations throughout the world, including the United Kingdom, the United States, and others India is visited by the United States, Canada, China, Bangladesh, and Sri Lanka. with the hopes of developing a better, safer herbal medicine treatment. Foreign currency profits are expected to reach roughly US\$1.8 billion, and the

market will react accordingly. Due to the visits of celebrities, the economy will expand to roughly US\$3.96 billion by 2015. There are 2.8 million medical tourists in the United States. This circumstance clearly demonstrates the value of Ayurveda and other Indian therapies, as well as their acceptance Around the globe, there are several medical systems. India's possibilities are recognised by such circumstances, which also suggest that there is a possibility of incorporating herbal medicinal the integration of systems/formulations into the current health-care system Medical tourism may also help to strengthen the economy. People will be encouraged by the country's economic situation. in the direction of India's ancient herbal medicine systems, there are 2,000 medications in India's Materia Medica. natural origins, as well as their medicinal properties are developed from traditional medical systems. Among There are 400 from mineral and animal sources, while the remainder are from other sources. Are derived from plants. The TKDL provides data on 500 Ayurveda, 500 Unani, and 200 Siddha treatments. 291 formulations are included, as well as information on each. Plants that are used in a variety of traditional dishes formulations. There are several prospects for growth (Saikat Sen Raja Chakraborty,2015)

Challenges in Practicing the Traditional Practices and Herbalism

Herbal medications are released onto the market without any obligatory safety or toxicological testing to determine the drug's impact. In addition, many of these nations lack sufficient equipment to control herbal medicine production processes and quality standards. Regulatory status, evaluation of safety and effectiveness, quality control, safety monitoring, and limited or poor awareness regarding traditional, complementary, and alternative medicines are all challenges that many nations face. The Regulatory Status of Herbal Medicines presents a number of challenges. A dietary supplement, according to the definition, is an ingested product that includes a "dietary element" and is designed to complement the diet. Different vitamins, minerals, herbs, and other botanicals that the body needs may be included in the nutritional components of these products. Additional toxicity studies are typically not necessary under the DSHEA if the herb was on the market prior to 1994. The FDA has the burden of proof in this case, requiring the herbal medical product or "dietary component" to be hazardous or unsafe to use. In many countries, an additional key difficulty is that regulatory information on herbal medications is often not exchanged between regulatory bodies and safety monitoring or pharmacovigilance centres. Assessing Safety and Efficacy It faces a slew of obstacles. One cannot deny that the requirements for evaluating the safety and effectiveness of herbal medicines, as well as the research procedures, standards, and methodologies necessary, are much more difficult than those for conventional or orthodox pharmaceuticals. A single herbal medicine or medicinal plant might include hundreds of natural elements, and a combination herbal medical product can have many more. Single active ingredient analysis may be difficult in such a situation, particularly if the herbal product is a blend of two or more plants. Quality Control Issues with Herbal Medicines



The safety and effectiveness of herbal medicines are largely determined by the quality of the raw ingredients used in their manufacture. The quality of source or raw materials is determined by both intrinsic (genetic) and external elements such as environmental circumstances, excellent agriculture, and good medicinal plant gathering techniques, including plant selection and cultivation. The difficulty of conducting quality controls on herbal medicine raw materials is due to a mix of variables. Correct identification of medicinal plant species, specific storage, and unique cleaning processes for distinct materials are significant criteria for the quality control of beginning materials according to good manufacturing practise. The quality control of completed herbal therapeutic goods, particularly mixed herbal medicines, is a serious difficulty. As a result, typical quality control standards and methodologies for finished herbal medicines are much more difficult to implement than for conventional pharmaceuticals. The WHO continues to support the implementation of quality assurance and control methods such as National Quality Specification and Standards for Herbal Materials, GMP, labelling, and manufacturing licencing systems to assure the safety and effectiveness of herbal medicines. Concerns have been raised in recent years about the increased use of herbal or natural medications or products in developed countries. Furthermore, the reliance of many people in developing countries on plants as a major source of medicine, combined with lax regulation of herbal medicines in most countries and the occurrence of high-profile safety concerns, has raised awareness of the need to monitor safety and gain a better understanding of the potential harms as well as benefits associated with herbal medicine use. The use of the wrong species of plant, adulteration of herbal products, undeclared medicines, contamination, over dosage, misuse of herbal medicines by either healthcare providers or consumers, and the use of herbal medicines with other medicines are just a few of the factors that can cause adverse effects from herbal medicine consumption. Most makers of herbal medicines lack basic awareness of the significance of taxonomy, botany, and documentation, which creates unique obstacles during the identification and collecting of medicinal plants used in herbal treatments. It is vital to use the most commonly used binomial names for medicinal plants in order to avoid the confusion caused by common names. *Artemisia absinthium* L., for example, possesses an active narcotic component and has at least 11 common names. As a result, successful herbal medicine monitoring will need effective coordination among botanists, phytol chemists, pharmacologists, and other key stakeholders. Future Prospects Herbal medications and other herbal healthcare items are in high demand and have a fast-growing market in both emerging and established nations throughout the globe. In this context, worldwide acceptance and usage of herbal medicines and allied items is expected to continue to grow exponentially. Since the prior assumption that herbal medical products are "safe" because they are derived from "natural" sources, issues linked to adverse responses are becoming increasingly prominent, prevalent, and no longer arguable. As a result, worldwide regulatory rules on herbal medicines must be unified and tightened. Regulators now have to keep an eye on the flow of herbal

products and make sure they are safe and regulated. They also help herbal products get to clinical trial stages.

5. CONCLUSION

Traditional health care practises in India still exist, and many people prefer traditional medicine to allopathy. For example, when a person's bone breaks, a chiropractic or bone setter will massage the broken area and bandage the area for several weeks without using medicine, whereas if the person chooses allopathy, both medicine and bandage will be used.

However, my opinion is not to criticise allopathy medicine; both allopathy and Ayurveda and herbal medicine have their own identities; however, both fields should be mixed and treatment should be done; rigorous research should be done on both medicines to go forth in to the health system and cure permanently; data should be recorded and reactions of different plants should be researched; we simply switching to allopathy because it is fast cure but every disease requires research; however, we simply switching to allopathy because it is fast cure but every disease requires research;

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