



REVIEW ARTICLE

MEDICAL TOURISM THROUGH G TO G MODEL: OPPORTUNITIES AND PROSPECTS WITH SPECIAL REFERENCE TO HOME BASED PRIMARY HEALTH CARE AND WOMEN INDIGENOUS HEALERS

NEETU GOSWAMI¹, ABDUL KHADER²

ABSTRACT

India with 1.25 billion people is served by merely 4.5 million doctors and thus health inequity exists. Indigenous healing rooted in experience is still important in regions where bio-medicine may be too expensive or inaccessible. Herbs, Health, tourism and rural livelihood have always been interlinked and provide promising future. The demand for holistic health with traditional system of medicine from the urban population and developed world had alarmingly increased. The impact of globalisation on indigenous cultures and traditional health practices can be seen as the increasing interplay of cultures. Holistic and Preventive health care has received global acceptance where the focus is on wellness culture. Dharamsala in Kangra, Himachal has become a popular destination for the foreign tourists. The ecology and Tibetan culture of the place along with diversified forms of health care system (CAM) attracts both domestic as well as foreign tourists. People are particularly interested to experience health benefits and rural tourism due to calm weather, lush green forests and peace. Studies on tourism suggest that tourism industry can also help promote peace and stability in developing country like India by providing jobs, generating income, diversifying the economy, protecting the environment, and promoting and protecting indigenous health care providers.

Key words: Ayurveda resort, Traditional healers, Integrated system, Innovation, livelihood security

¹ Department of Geography, Delhi School of Economics, University of Delhi, Delhi-110007

² Professor, SK Ayurvedic Medical College, Bangalore, RGUHS

Associate professor and Head of Dept. Kayachikitsa, Mahatma Gandhi Ayurved College Hospital & Research Center, Salod, Wardha, Maharashtra.

Corresponding Email id: ngoswami650@gmail.com Access this article online: www.jahm.in

Primary Health care focuses on the existing medical care and depends on the socio-cultural and economic characteristics of the country. Several researches advocated the health care reforms which must propagate, preserve and promote Indigenous/Traditional healthcare system including preservation of medicinal plants. It should be brought in the mainstream health care as it is safe, affordable, easily available and scientifically proven (Ambedkar and Nagendra, 2006). During the field study, the feedback of local community suggested drastic decline of traditional healers since last 10 years or more. Out of 14 diverse locations lying in the 5 blocks of Kangra district in Himachal Pradesh, 29 healers have been identified with relatively low popularity except for the professional *Ayurvedic* and Tibetan Professional healers. Two Tibetan, 2 Homeopathy and rest were Ayurvedic/ Local healers. Among non-professional healers, only one healer named Mohali Mistri was a popular name in *Tanda* village (Panchrukhi block). He is a general healer (bone setter and snake bite healer) and learnt this knowledge from his late father. People wait for their turn for about week to get treatment from him. They reported that huge number of people visits him not only local but outsiders as well. He treats six days a week. Their presence is restricted in few locations depending upon the nature of the

region such as tourist and non-tourist. Majority of healers treat lifestyle disorders like diabetes, gastrick, skin disease and joint pain. Majority of Non-professional healers have low popularity in the region compared to professional ones. The local community and in some cases outsiders approach Non-professional healers at the end after trying several modern medicine treatment. These healers are approached as last option which restricts the actual benefits of the time tested medical system. The treatment of the Non-professional healers is free for all which is seen as God's service to humankind. Monetary gain will spoil the divine effect of the treatment carried by several divine medicinal plants. The healers feel the power of divinity and selfless service. They respect the traditional wisdom bestowed upon them by the almighty. But majority of healers affirmed the changing attitude of patients in the current changing socio-economic environments. Some patients do not value free service of the healers which create a hallow between the divine relationship between the patients and the healer. There has been a decline in the societal value system which also restricts the holistic growth of the age old healing tradition in its pure form. Majority of the healers affirmed the decline in the local availability of medicinal plant resources used for the treatment. They also indicated the challenges and restriction

faced by them during collection of medicinal plants from the forest areas. Majority of them purchase the required medicinal plants/readymade herbal medicines as per the quantity and demand. The non-professional healers use relatively lower quantity of medicinal herbs mostly collected from local and forest resources but the majority of medicines used by the professional healers is purchased from certain company or brand. Some herbs are required to be given based on the diagnosis of the patients and they are purchased either from the local *Pansari* shop or Amritsar and Delhi herbal market at relatively higher cost. It is also interesting to note that the source of medicinal herbs lie in the Himalayan region itself but it is not available directly in the district rather collected in bulk passing through several smaller herbal buyer's hands and finally sold to the bigger markets of either Amritsar and Delhi. Pertaining to the current situation and issues related with medicinal plants, importance should be laid on grassroot innovations and practices. In this context, G to G Model (Grassroot to Global) Model should be followed in case of health care facilities for a hugely populated country like India. Holistic health is achieved when human being realizes full play of mind, intellect and the elusive element of soul. Many Himalayan medicinal plant species have become extinct and others

are on the way of extinction and thus herbs should be grown by popularizing agronomy of herbs under Bioindustrial Watershed mechanism (Bali, 2005). Indigenous medicine has all potential to serve as a promising soft industry because efficacy of traditional medicine is well established by the common people's use pattern. For achieving success there is great need to listen to the experienced knowledge bearers of the society. There is inherent home remedy knowledge among women which is passed on from grandmother to daughters and daughter in law. The surveyed data reveals the preference of both the traditional as well as modern health care. Few women healers have been found in the study region compared to male healers. Women healers also compete with the existing system dominated by male healers both professional as well as unprofessional. Complexity, high cost, curative approach and less availability of modern medicine demands women healers to be empowered especially for the rural masses where women still are not comfortable with the male doctors/healers (Figure 1),(Nitu and Singh, 2014). There is a growing demand for Indigenous Health Care which provide an employment opportunity under Medical Tourism in the Himalayan destination too. Himachal Tourism department has been conferred an award for "*HarGaon Ki Kahani*". The basic purpose of

the above said scheme is to diversify tourism activity and promote rural tourism. Home stays schemes one of the important scheme here also diverted tourist from urban areas towards rural one and making their livelihood secure. Along with these there is tremendous scope for home based herbal healing, well-being and wealth generation by providing primary health care, natural environment, healthy fresh farm food along with fresh air to the tourists at low cost than market price. Although, the initiative of traditional medicinal healing practices is confined to few locations, there has been much potential to flourish the region through the herbal healing system. There is a need to form Traditional Healer Association (THA) at local level who may provide their service and consultation as per requirement. They are the custodians of not only healing techniques but also other ecological friendly approaches. This process can combine the people owning home stays and traditional healers association.

Variety of medicinal plant species are found in the LahulSpiti region which are used by the local inhabitants. These valuable medicinal plants are also sold to the local *Vaidyas*, local contractors and traders by the local inhabitants of LahulSpiti region to earn an extra income (Wikipedia). There is need for local farming and production of medicinal plants to promote healing tradition and

conserve the natural habitat as well as provide economic gain to the farmers by applying Bioindustrial Watershed Approach (Bali, 2005). A rural region should be selected for the cultivation of a suitable medicinal plants supported by a processing unit for its value addition. The experienced knowledge bearers of medicinal plants should also be consulted while establishing the unit. There is prioritized need of documentation of LHTs and other types of healing system to protect the indigenous health practices in totality. Village based Traditional Healer Register under the broader umbrella of Biodiversity Register is required to be prepared by Panchayat Committee at local level. This register will serve as potential tool for documentation of healer's knowledge.



Figure 9: A women faith healer at Kangra, H.P.

Conclusion

A holistic approach of health is intertwined with emotional, spiritual, and physical status should be promoted. Considering access and influence of the traditional healers on

patients, they need to be included into the conventional mainstream medical system. Medicinal plants were viewed in the Indian tradition as sensitive and sacred element, and commerce and material was never a priority. Mountainous areas of the Himalaya with rapid expansion of tourism and other economic activities have led to a spate of unplanned change in land use. 86 per cent believed that there has been considerable loss of traditional knowledge system in Kangra. Traditional knowledge and scientific validation will certainly boost HERBAL TRADITION in India. Focus on value addition should be the priority as the value added medicinal plants based materials have great demand in the domestic as well as international market. There is great need to listen to the experienced knowledge bearers of the society. It is utmost important to follow G to G model (Grassroot to Global) for the provision of health care to rural masses. The surveyed data reveals the preference of both the traditional as well as modern health care. History, culture and preference pattern are vital player in existing health system. Efficacy of traditional medicine is well established by the common people's use pattern. Need of validating the existing local system and practices is need of the present time in order to cope with the modern medicine. Although it is also true that the negative shades of the modern medicine can't

be ignored. Its complexity, high cost, curative approach and less availability demands parallel system which should be at par. These systems co-exist so as these knowledge bearers. The government must go ahead to save these existing talents and prepare a data base for the traditional faith cum energy healers. There is a high need of safeguarding and empowering these healers through Traditional Healer's Insurance Scheme (THIS). The building and implementation of THIS scheme is the need of the hour in Indian context where most of the traditional healing practitioners are poor. The poverty restricts them to practice their old age tradition and is considered one of the major causes for the depletion of the age-old health system. The value added medicinal plants based materials have great demand in the domestic as well as international market. There is great need to listen to the experienced knowledge bearers of the society. The surveyed data reveals the preference of both the traditional as well as modern health care. History, culture and preference pattern are vital player in existing health system. Efficacy of traditional medicine is well established by the common people's use pattern. Need of validating the existing local system and practices is need of the present time in order to cope with the modern medicine. Although it is also true that the negative shades of the modern medicine

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