

**A STUDY ON
STATUS OF DIFFERENT MEDICAL SYSTEMS USED
BY THE PEOPLE OF BANGLADESH**

**Dissertation submitted for the Partial fulfillment of Bachelor of
Pharmacy, East West University, Dhaka, Bangladesh**

Submitted by:

**Professor A.B.M. Faruque
Adjunct Faculty, Department of Pharmacy
East West University**

February 10, 2010



EAST WEST UNIVERSITY



CERTIFICATE

This is to certify that, the thesis "**status of different medical systems used by the people of Bangladesh**" submitted to the department of pharmacy, east west university, 43, mohakhali c/a, dhaka; in partial fulfillment of the requirements for the degree of bachelor of pharmacy (b. pharm) was carried out by Sinthia Sharmin Islam (id# 2005-2-70-034) under our guidance and supervision and no part of the thesis has been submitted for any other degree. we further certify that, all the sources of information and other facilities availed of in this connection is duly acknowledged.



Professor ABM Faroque
Supervisor
Adjunct Faculty
Department of Pharmacy
East West University
Mohakhali C/A, Dhaka.



Prof. Dr. Chowdhury Faiz
Hossain
Chairperson
Department of Pharmacy
East West University

Dedicated to
MY FAMILY



Acknowledgements

At first I would like to thank the Almighty GOD for being kind giving strength to me to carry on and complete my research work. Then I would like to thank my family for supporting me a lot by each and every means and I am really grateful to them, as well as to my friends too.

The studies and findings presented in this report are the result of a great effort by many persons at East West University and the research places during the period of studies were conducted as well as when the papers and the thesis framework were produced. I would, however, like to express my special gratitude to:

Professor A.B.M Faroque, the main supervisor: for giving me the opportunity to involve myself in such a research work under his supervision. He has given me his full support throughout the work. His pragmatic attitudes – always willing to listen and logically compromise, but at the same time guiding us onto the right track during the research project – have been invaluable. Not only he has been constantly available and he has given me encouragements and good scientific advice whenever needed in a soft and friendly manner.

Dr. Chowdhury Faiz Hossain, (Chairperson, and Department of Pharmacy), East West University: he has been very kind and active to solve many of the critical problems and thus helped me very much to complete my work. I wish his best healthy life and all Prospects.

A special thanks to my husband and all my friends (especially to **Pujarati Rajbansi and santu**).

I will thank the Almighty again, since he has always been with me whenever I needed him and because the enjoyable war for the graduation is over.

Thank you.

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Abstract

Health is a basic requirement to improve the quality of life. National economic and social developments depend on the state of health. Medical or healthcare systems are designed to meet the health care needs of target populations. There are a wide variety of health care systems around the world. A large number of Bangladesh's people, particularly in rural or slum areas, remained with no or little access to health care facilities. In Bangladesh, the government healthcare system remains a very minor source of health care for rural households. In Bangladesh slum living has important social and health consequences. The majority described migrated to Dhaka for economic reasons and financial instability. The availability of registered physicians is scarce in rural, slum and town areas, and the people, the majority of who are underweight as indicated by body mass index measurement have to depend on pharmacy salespersons, quacks and herbal or spiritual healers. Different people have different choices of medical systems to treat themselves. Some may have different way of thinking to describe the healing process. Healthcare services differ in their philosophy and concepts as to the causes of disease, their approach to healing, methods of treatment, and composition and preparation of medicinal products. Someone like plant products, someone like synthetic and someone wants to heal through diet, exercise and other non-surgical means. Education, financial conditions and belief have significant role on choosing the medical system. On the other hand, rural and slum people sometimes do not buy all the drugs that are prescribed by doctor for them, partly because of financial constraint. In addition, self-medication is common. To find out the health status and use of drug in urban, slum and rural areas in Bangladesh, a survey programmed were conducted in four areas namely Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural. Firstly, the data was collected from the areas with the help of a prepared sample collection form and, then the analysis of the data and finding out the patients outcomes. The main objective of the study was to know the present health status among urban, slum and rural areas, use of drug in different medical system, lacking in health care units and ensure the proper public health care to them. The present study has limitations since only four areas were considered for the study and thus the results obtained are apparent but not exact for the national picture.

Chapter 1

Introduction



1. INTRODUCTION

In today's world it cannot be imagining that human being without diseases. To get rid of so many kinds of unwanted diseases people are fighting from the early time of the civilization till today. So, different types of medical systems are discovered according to the need by time. Medical systems are improving day by day with lots of scientific technological developments.

Bangladesh is a mostly rural, developing country of South Asia, located on the northern shore of the Bay of Bengal, covering 147,570 square km. People of this country are known as hardworking, with proven capability to preserve mental strength in the event of unexpected extensive loss due to natural calamities, such as floods, cyclones, epidemics, etc. We know that Health is a basic requirement to improve the quality of life. National economic and social development depends on the status of a country's health facilities. A health care system reflects the socio-economic and technological development of a country and is also a measure of the responsibilities a community or government assumes for its people's health care. The effectiveness of a health system depends on the availability and accessibility of services in a form which the people are able to understand, accept and utilize. There are certain things in life that are not in our control, for instance an unwanted disease, an unexpected accident or an unwanted failure of any of our body parts. These are the cases when we understand the importance of medicine. Different people have different view so that different medical systems are established. Someone like herbal products, someone like semi synthetic and someone synthetic products some wants to heal through diet, exercise and other non-surgical means, someone does not use any medicines.

Medical or health care systems are designed to meet the health needs of target populations. There are wide varieties of health care system around the world. In some countries the care system planning is distributed among market participants, whereas in other planning is made more centrally among governments, trade unions, charities,

religious, or other coordinate bodies to deliver planned health care services targeted to the populations they serve. However, health planning has often been evolutionary rather than revolutionary.

The goals for health systems, according to the World Health Report 2000 - Health systems: improving performance (WHO, 2000), are good health, responsiveness to the expectations of the population, and fair financial contribution. Duckett (2004) proposed a two dimensional approach to evaluation of health care systems: quality, efficiency and acceptability on one dimension and equity on another.

With the advent of medical sciences, we have started living a better and longer life. Medicine is one of the crucial necessities of life. The word medicine is derived from the Latin words "ars" and "medicina" meaning "the art of healing". It is a branch of the health sciences and is the sector of public life concerned with maintaining or restoring human health through the study, diagnosis, treatment and possible prevention of disease, injury and other damage to a body or mind.

Drug is the single active chemical entity present in a medicine as well as in a dosage form that is used for diagnosis, prevention, treatment or cure of a disease.

In 1966, WHO provided a more comprehensive definition of drug- "Drug is any substance or product that is used or is intended to be used to modify or explore physiological system or pathological state for the beneficial of the recipient".^[1]

The FD&C Act defines drugs, in part, by their intended use, as "articles intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease" and "articles (other than food) intended to affect the structure or any function of the body of man or other animals. According to the definition of drug, it is used to treat ill people or patients for bring them to a healthy life. And it is also provides the protection against disease that can hamper life further.^[2]

1.1 Why do people use different medical system?

As human being different people have different concept and methods to heal from diseases. That's why different people use different medical system. The probable reasons of selecting diverse medical systems are as follows.

- Acts on target very properly
- Less cost
- Acts very quickly
- Less side effects
- From belief

1.2 Healthcare System in Bangladesh.^[3]

Health care system of medical practices to provide people with proper medical and other healthcare services. Different healthcare services differ in their philosophy and concept as to the causes of disease, their approach to healing, methods of treatment, and composition and preparation of medicinal products. As they exist in Bangladesh, they can be broadly classified into two groups.

1.2.1 BANGLADESH HEALTH CARE SERVICE

- Modern systems. and
- Traditional system

Modern treatment based on

- Allopathic medical system

Traditional medical system based on

- Kabiraji or Ayurveda
- Unani,
- Faith healers like pir or fakirs,
- homeopathic practitioners,
- shiddha
- mogha
- chanshi infection treatment
- snake charmers (bede or ojha)
- home based folk medicine
- naturopathy
- folk medical system



There are about 6,000 registered and 10,000 unregistered practitioners (kabiraj and Hakims).

1.3 Modern and Traditional medical system side by side^[4].

In Bangladesh Homeopath, Ayurvedic and Unani medicines are officially recognised practiced as alternative and side by side with allopathic medicine and also as supplementary system. There are 2 dozens registered herbal pharmaceuticals in Bangladesh.

The four large Pharmaceuticals are:

- Sakhti,
- Kundeshwari,
- Shadhana and
- Hamdard, producing 80% of traditional remedies

These are controlled by unani and Ayurvedic Board.

1.4 Modern medical system:^[5]

It is the highly advanced system of health management used in Bangladesh and the rest of the world. This system does not limit itself to only curative treatment of the patient but also Endeavour's to extend its services by

- ✓ the prevention of diseases by immunization and
- ✓ improving the personal and environmental hygiene of the patient and the community

Well-educated and professionally trained experts practice this system of medical treatment. Technologically advanced highly sophisticated equipment and methods are used in this system to attain precise diagnosis and treatment of diseases. Highly efficacious medicinal preparations prepared from purified synthetic or natural chemical substances are used in this system. It has developed sophisticated and precise method and technology of surgical operations and performs critical operations like open-heart surgery, heart transplant, and transplantation of other vital organs of human body with high degree of precision and safety.

Organized and well-equipped hospitals and clinics have been developed to effectively and properly offer healthcare services to people under this system. However, because of inadequacy of medical equipment and shortage of manpower and infra-structural facilities, benefits of modern system of healthcare services cannot be extended to rural areas as adequately as needed. The cost involved in offering healthcare services under this system is also much higher than that of any other system of healthcare services available in Bangladesh.

1.5 Technology based modern medical system:^{[5][6]}

Modern medical system is developed due to the improvement of made in technology of isolation process which include the development of techniques such as chromatographic technique.

The techniques are:

- ✚ Paper
- ✚ Thin later
- ✚ Gas liquid
- ✚ high performance liquid
- ✚ Droplet counter current chromatographic method

The most important factor of the development is spectroscopic technique that is used in identifying structure of isolated compound.

Simultaneous advantage in the fields of chemistry, biotechnology, biosynthesis, biochemistry, modern medicine is developed. Various active component are isolated from plants among are use in modern medicine .with the advance organic chemistry active components of plans used in medicine have been synthesized.

1.6 Traditional medical system:^[5]

Traditional medicine (also known as indigenous or folk medicine) comprises medical knowledge systems that developed over generations within various societies before the era of modern medicine.

“Traditional medicine” refers to health practices, approaches, knowledge and beliefs incorporating plants, animal and mineral based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnoses and

prevent illnesses or maintain well-being. South Asia is historically rich for the practice of traditional medical system.

The basic concept of traditional medicine has been very comprehensively described by the World Health Organization (WHO 1976) in the following way: "Traditional medicine is the sum total of all knowledge and practice, whether explicable or not, used in the diagnosis, prevention and elimination of physical, mental or social imbalance, relying exclusively on practical experience and observations handed down from generation to generation, verbally or in writing."

It is an art of healing on traditional use of plants, animals, and other natural substances, and cultural habits, social practices, religious beliefs and in many cases, superstitions of the people.

The WHO also notes, though that "inappropriate use of traditional medicine or practices can have negative or dangerous effects" and that further research is needed to ascertain the efficacy and safety" of several of the practices and medical plants used by traditional medicine systems. Core disciplines which study traditional medicine include ethno medicine, ethno botany and medical anthropology.

Ethno medicine is a sub-field of ethno botany or medical anthropology that deals with the study of traditional medicine not only those that have relevant written source (e.g. Traditional Chinese Medicine, Ayurveda), but especially those whose knowledge and practices have been orally transmitted over the centuries.

In the scientific arena, ethno medical studies are generally characterized by a strong anthropological approach, or by a strong biomedical approach, particularly in drug discovery programs. The focus of the anthropological studies is the perception and context of use of traditional medicines, while biomedical approached often focus on discovering therapeutic molecules, such as the anti HIV/AIDS molecule be prostrating.

Ethno botany (from "ethnology"- study of culture and "botany"- study of plants) is the scientific study of the relationships that exist between people and plants.

Ethno botanies aim to document, describe and explain complex relationships between cultures and (uses of) plants; focusing, primarily, on how plants are used, managed and perceived across human societies, (e.g. as foods; as medicines; in divination; in cosmetics; in dyeing; as textiles; in construction; as tools; as currency; as clothing; in literature; in rituals; and in social life).

Medical anthropology is a subfield of social and cultural anthropology that examines the ways in which culture and society are organized around or impacted by issues of health, health care and related issues.

1.6.1 Why all these are called Traditional Medicine?^[4]

Traditional Medicine or treatment is based on traditional uses of plants, animals or their products, other natural substances (including some inorganic chemicals), religious verses, cultural practices, and physical manipulations. This system of medicine has been in use almost unchanged generation after generation throughout the ages for the treatment of various physical and psychological diseases, it is called traditional. The type, preparation, and uses of traditional medicines are largely influenced by folklore customs and the cultural habits, social practices, religious beliefs and, in many cases, superstitions of the people who prescribe or use them.

1.6.2 Methods of Diagnosis and Treatment in traditional medical system^[6]

Diagnosis of diseases in traditional medicine, particularly In the older forms which is based on mainly physical and psychological symptoms. These symptoms are determined by the following methods:

- Directly questioning the patient about the onset of the disease and past history of the disease if it is a recurrence of any previous problem.

- Delving into the patient's past life and his family history to find out if he has inherited it from any member of his immediate family, as happens with diabetes, asthma or sickle-cell anemia.
- Patient's description of the ailment and his present physical or psychological problems.
- Observation of the patient for any gross abnormality in his posture or breathing or body temperature or any change in his eating habit or social behavior.
- Visual examination of the patient's eyes, particularly its color (for anemia or jaundice), tongue (for any deposition, etc) and skin (for rashes).
- Clinical examination of overall appearance. Inspection of movable parts, palpation, etc. Intensity, duration and change of body temperature with time are also examined by touching the body of the patient with the palm.
- Hydrotherapy (application of bath, massage and compression with cold or hot water). Hot baths are prescribed for fever, rheumatism, headache and body-pain. Hot and cold water compressions are frequently used in the treatment of sores, sprains. Inflammations, swellings and rheumatism.
- Heat therapy, for treating pains, inflamed muscles and joints, rheumatism, gout, muscle-pull, strained or sprained organs, fractured bones, etc.
- Blood-letting (draining out or sucking out 'Impure' or 'bad' blood from the body by making incisions or opening of artery for bringing out blood is often prescribed for headaches and vertigo).
- Bone-setting (for fractured bones) and spinal manipulation (in the treatment of slipped disc, spine dislocation and backache).
- Massage (for muscle strains and to improve blood circulation as well as functioning of nerves) and also minor surgical operations are also commonly used as means of treatment in traditional medicine.

Treatment by traditional medicine:^[5]

The methods of treatment used In traditional systems depend on the nature of the disease and specialization of the practitioner. However, following are some of the methods, which are generally used for treatment in traditional medicine practice:

- ✚ Internal and external application of medicinal products, prepared by the respective traditional medicine system.
- ✚ Physical manipulation of various parts of the body, similar to physiotherapy of modern medicine.
- ✚ Performing rituals like offering prayers, sacrificing animals In the name of Creator or Deity, feeding distressed people, etc.
- ✚ Patienting the patient to physical torture, like beating, forced sniffing of smoke from burning hot chilies etc
- ✚ Psychotherapy (treatment by counseling) and spiritual or faith healing by the use of religious verses (blown on water to drink or on food to eat) and amulets arc commonly used in traditional medicine.

1.6.3 Scientific basis of Traditional medicine

Even though of antiquate origin, traditional medicine was not lost in antiquity as did many other ancient practices with development and progress of human civilization. No system on earth could survive for such a long time unless It Is based on some solid foundations. That this observation is not Incorrect and that traditional medicine has enough scientific basis and credibility can be seen from the examples of traditional medicine cited below.

- ✚ Physiochemical and pharmacological investigations have shown that the plant-components of most traditional medicines used in the treatment of oral diseases, wounds and skin infections contain antibiotic and anti-inflammatory principles.

They are also present in most of the plant materials recommended in traditional medicine as toothbrush and chewing sticks.

- ✚ The Ingredients of most traditional medicine used In the treatment of gastro-intestinal and skin diseases have been found to contain tannins, which possess astringent and antibiotic properties.
- ✚ The plant-components of a number of traditional medicines used for the treatment of stomach troubles contain fixed oils, which as emollients diminish gastric acidity, secretion, peristalsis and pyloric tone.
- ✚ Most of the plant-ingredients of the traditional medicines used for curing gastro-intestinal disorders contain volatile oils. It is scientifically established that volatile oils enhance appetite and facilitate digestion by promoting salivation, stimulating secretion of gastric fluids and reduce biliary and gastric colic through carminative action.
- ✚ The loaves of Neem tree and roots of Unable tree used in for treating fevers, including malaria, have now been scientifically demonstrated to possess definite antipyretic and anti-malarial properties.
- ✚ The leaves and fruits of *Coccinea cordijolia*, seeds of *Eugenia Jamboluna*. bark of *Hcus benyhalensis* and leaves of *Bruielia jerrucunca* are popularly used in traditional medicine for treatment and management of diabetes. The anti-diabetic property of these plants has been substantiated by clinical experiments.
- ✚ Extracts of Senna leaves and the aloetic Juice of Aloe leaves are used as popular remedy for constipation. The chemical constituents of these plant parts are now commonly used in modern medicine for their laxative properties.
- ✚ *Datum stramonium* and *Atropa belladonna* have long been used in traditional medicine as popular pain-killer drugs. The chemical constituents of these plants, hyosciric, hyoscyamine and atropine. are now commonly used as antispasmodic and mydiatic drugs In modern medicine.
- ✚ Biological examinations by the use of sensory organs, e.g.. Tasting urine by tongue for presence of sugar, smelling sores for putrefaction, observing stool and vomits for any abnormality and change In color, consistency and smell.

- ✚ Divination, like bone- or seed-throwing for formation of any characteristic pattern and consultation with the spirits or supernatural creatures through a trance.
- ✚ Use of astronomical signs to find any relationship, particularly in case of mental diseases.
- ✚ Use of mind changing drugs to influence the patient to talk freely about his disease, life-style and other personal habits, which he would not reveal under normal condition, analyzing any recurring dreams of the patient.
- ✚ By a combination of these diagnostic methods and using his skill and experience a traditional practitioner often succeeds in correctly diagnosing the disease. However, many present-day traditional healers do use modern technological and biochemical diagnostic methods to determine the correct nature of diseases.

1.6.4 Merits and Demerits of Traditional Medicine^[6]

Traditional medicine is practiced in almost all countries in the world, developed and developing alike. However, traditional medicines are more popular in the developing countries where almost 60 to 80 per cent people depend on these medicines for maintaining their health and well being, although many people prefer traditional medicines, critics of these medicines as ineffective and useless. In the light of this dual situation, the merits and demerits of traditional medicines are discussed below.

Merits

- ✚ Traditional medicine is more acceptable in the common people, particularly those of the developing countries, partly because of their lower prices than modern medicine and partly due to the fact that traditional medicine is deeply rooted in their cultures.
- ✚ As traditional medicines are prepared from natural raw materials by using older technology, they are cheaper than, modern medicines, which are prepared

with expensive synthetic and natural chemical compounds using highly sophisticated modern technology.

- ✚ Traditional medicines are more accessible to the most of the population of the developing countries because of their easy availability. They heavily rely on traditional medicines as modern medicines are beyond their reach both in price and availability.
- ✚ As the traditional medicines are mostly compounded from the natural substances they are believed to be readily accepted by the biological systems of the human body.

Demerits

The WHO also notes, though, that "inappropriate use of traditional medicines or practices can have negative or dangerous effects" and that "further research is needed to ascertain the efficacy and safety" of several of the practices and medicinal plants used by traditional medicine systems.

- a. Traditional medicines are most of the medical practices that fall outside the realm of scientific medicine. Thus kabiraj, totka, herbalist, practitioners of "Folk medicine" and faith healers (e.g. pir, fakir etc) of different shades fall under this broad umbrella.
- b. These healers (faith healers) provide a much narrower services for a more limited set of conditions.

1.6.5 Pharmaceuticals based on alternative/traditional medicine:

- Ayurvedic: 204
- Unani: 297
- Homeopathic: 77

The annual sale of these companies (2003) is Taka 300 Croes.

There are no formally registered herbal medicinal pharmaceuticals.

But two allopath based pharmaceutical companies are marketing two herbal drugs.

- Heptolin by Acme for liver disease.
- Adovas by Square for cold, cough

40 Ayurvedic and Unani companies have applied for license to produce herbal medicine. To awareness and explore perception about alternative medical care a large amount of manuals on traditional medicine have already been prepared on the UBCC.

1.6.6 A suggestion to control the alternative or traditional medical care service^[7]

- ✦ Monitoring, evaluation & survey of Alternative Medical Care Services.
- ✦ Continuation of Alternative Medical Care Services (Including manpower, Orientation/workshop/ Training (Local / Overseas) Study Tour/ BCC Activities, fellowship etc.
- ✦ Training the traditional and untrained health care providers will be a wise option to ensure health care to the villagers.

- ✚ Creation and maintenance of herbal garden at District and Upazilla level Hospitals
- ✚ Procurement of medicine, medical requisites, maintenance materials for herbal garden and office equipments.
- ✚ Preparation of Alternative Medical Care Pharmacopoeia, introduction of licensing system and standard treatment guideline for AMC with the help of Technical Assistant (TA)
- ✚ Preparation of PG Course curriculum & process for implementation.)
- ✚ Purchase of jeep, furniture, computer etc. and process for establishment of registration council Purchase of furniture, vehicles, office equipments, MSR etc. for the development of Govt. Unani and Ayurvedic Degree College and Hospital(GUADC&H), Govt. Homeopathic Degree College and Hospital(GHDC&H) and Govt. Tibbia College & Hospital, Sylhet

1.6.7 Types of traditional system:^[6]

Ayurveda:

Ayurveda is the oldest holistic system of medicine in the world that uses constitutional models. It is the art of healthy living that has been helping human beings to create harmony in daily life by using the techniques of self-knowledge and self care. Being ancient the word is derive Ayurveda d from the ancient Indian language Sanskrit where 'ayus' means life and 'ved' means knowledge or science. So, the literal meaning of the word is knowledge Ayurveda or science of life. In short we can say that to know about life is ".Ayurveda"

According to Ayurveda, life is a combination of four essential parts-

1. mind,
2. body,
3. senses and
4. the soul.

It just not limits the knowledge to body or physical symptoms but also provides knowledge regarding spiritual, mental and emotional aspects. This traditional system of healing is based on the theory of balancing the body, the soul and the mind. This balancing includes eating the right thing at the right time, adapting to daily lifestyle habits, daily mediation and maintaining purity of mind and soul. There is a strong connection between the mind and the body. It not only controls the process of thoughts but also helps the body in day-to-day activities such as respiration, blood circulation, digestion and elimination. Our physiology is regulated by the combined work of mind and body. The senses are used as information gatherers so that the mind can act accordingly to the body. The clarity of senses helps the mind and body to integrate their functions so that the human beings can live a healthy and happier life.

There are two main goals of Ayurveda:

- To maintain the health of the healthy
- To heal the sick.

These goals can be achieved by adopting the right diet, daily regimen, lifestyle, actions and activities. Various problems like depression, anxiety, nervousness, and insomnia are due to sick mind and body. Therefore, a balance is needed in the functioning of both mind and body for good health.

There are four other elements that Ayurveda considers-

- Dhatus - maintains and nourishes the body
- Mala – waste products due to the metabolic process of the body
- Srota – transports the food
- Agni – responsible for various metabolic activities

Ayurveda also has some beliefs about the constitution of body. Constitution refers to a person's health, his capacity to fight against diseases and also recovery from various health problems. The constitution is known as the prakriti. The prakriti is a combination of physical and psychological characteristics and the way in which the body functions. It is believed that body's constitution or prakriti remains unchanged throughout life but it gets influenced by the process of digestion and elimination. One should know his or her body constitution before using the healing techniques of *Ayurveda*.

➤ **Origin of Ayurveda:**

An intricate system of healing-Ayurveda originated in India thousands of years ago. The most known ancient literacy work known as the Vedas gives the historical evidence of wisdom of Ayurveda. Vedas reflects the lifestyle of ancient people, customs, their thoughts, ideas, achievements, pitfalls, problems and their solutions. The Ayurvedic texts and the Vedic tradition have a different story of the origin of Ayurveda. Lord Brahma as per to Hindu Mythology created the Universe. He captured knowledge from the four directions and created Vedas. Therefore, He was regarded as the first guru of Ayurveda (Adya). Brahma first taught Ayurveda to the Aswins and they passed it on to Indra (Lord of the sky) and further it was passed on to different sages, their sons and disciples. Before the wisdom of Ayurveda was recorded in the texts it was transmitted orally from teacher to disciples. Veda Vyasa, the famous sage and avatar of Vishnu, compiled the complete knowledge of Ayurveda in writing into a body of scriptural literature known as the Vedic literature.

The Vedic literature was divided into four main books or

- Vedas- Rig Veda
- Sama Veda,
- Yajur Veda and
- Atharva Veda.

The fourth of the series Atharva Veda dates back to around 1000 B.C. and has listed the eight divisions of Ayurveda.

1. Internal medicine (kaya chikitsa)
2. Surgery (shalya)
3. Ophthalmology and otorhinolaryngology (shalakya)
4. Toxicology (agad tantra)
5. Psychiatry (bhoot vidya)
6. Pediatrics (kaumar bhritya)
7. Gerontology (rasayana)
8. Science of fertility (vajikarana)

The patients of Ayurveda were recorded not only in the Vedas, but also in Aranyakas, Brahmanas and Upanishads. All the details were scattered all over the texts and lacked the structural presentation. The structural presentation of Ayurveda took place between 2nd century B.C. and 10th century A.D. These presentations were named Samhitas. The two most popular Samhitas are Charaka Samhita and Susruta Samhita. . Charaka Samhita deals with kaya chikitsa i.e. general medicine and Susruta Samhita deals mostly with shalaya i.e. surgery. Charaka Samhita is considered to be the compilation of the oldest Atreya Samhita.

➤ Ayurvedic Therapies

There are many different therapies applied in Ayurveda, They can all be defined in two groups :

- Tonification (supplementation - make heavy)
- Reduction (elimination -to lighten)

Reduction therapies decrease body weight and are indicated for overweight accumulation of toxins and aggravated humors. It is indicated in acute stage of disease, when the attack is strong, and primarily for Kapha.

Tonification methods nourish deficiencies in body and are indicated *in* underweight, debility or tissue weakness, they are indicated in chronic diseases. In convalescence or after reduction methods have been used, -and primarily for Vata. A mixed therapy is required for Pitta.

Ayurvedic methods of diagnosis are extremely simple. Stress is given on urine, stool, semen, flatus, vomiting, sneezing, eructation, yawning, hunger, thirst, tears, sleep and heavy breathing for diagnosis of a disease, Ayurveda also stresses upon the use of a wholesome diet along with the use of drugs for the successful treatment of diseases.

In Ayurveda drugs are classified depending on their taste, attributes, potency taste after digestion and therapeutic effect, four types of therapies –

- Elimination therapy,
- Alleviation therapy,
- Psychic therapy and
- Surgery, are used for the treatment of diseases,

Therapeutically more efficacious, rendering them non-toxic and more tolerable and for preservation of medicines for a longer time, Ayurvedic drugs are administered both essentially in the form of ointment, dusting powder, syrups, etc. Along with medicines some regimens like sleep, walk, rest, physical exertion, etc are also prescribed to the patients.

✱ **UNANI MEDICINE**

Though the threads which comprise Unani healing can be traced all the way back to Claudius Galenus of Pergamum, who lived in the second century of the Christian Era, the basic knowledge of Unani medicine as a healing system was developed by Hakim Ibn Sina (known as Avicenna in the west) in his medical encyclopedia The Canon of Medicine. The time of origin is thus dated at circa 1025 AD, when Avicenna wrote The Canon of Medicine in Persia. While he was primarily influenced by Greek and Islamic medicine, he was also influenced by the Indian medical teachings of Sushruta and Charaka.

➤ **Unani System Of Medicine**

Unani system of medicine is based on ancient principle. So there is a similarity between Ayurveda and Tibb regarding the contemplation of the same dogmatism and traditionalism. The most important similarity is the principle of four elements which is identical to Ayurveda's Panchbhuta principle. According to four elemental principles to Tibb discipline all the universal inanimate and animate things are produced from

- Al-Nar (Fire),
- Al-hawa (Air),
- Al-ma (water) and
- Al-ardh (Earth).

According to Ayurveda, all of the universal objects are made of Panchbuta and body has its root and support to Doshas, Dhatus and Mala. When three remain in the equilibrium and in normal functioning, then the health of an individual is maintained. In the same manner Tibb also maintains this view that the human body is composed of seven natural principles or components of the body known as Al-umur Al-tabiyah. The loss of the any one of these components may leads to diseases, or even death of the individual.

These are as follows:

1. Al-arkan or al-anasir (Elements)
2. Al- mizaj (Temperament)
3. Al-akhalt (Humours-body flutds)
4. Al a'az' (Organs or members)
5. Al-arwah (Pneuma or vital spirit)
6. Al- quwa (Faculties or Powers)
7. Al-at al (Functions)



In addition to these seven components, the essential causes influencing the human body are:

1. Atmospheric air
2. Foods and drinks
3. Physical or bodily movement and repose
4. Mental or Psychic movement and repose
5. Sleep and wakefulness
6. Evacuation and retention

These factors essentially Influence each and every body. Nobody could escape from these factors so long he is alive.

Some of the non essential causes are not concerned with every body and do not necessarily influence each and every human body. These are habit, habitat, profession, sex, temperament, other social factors, cosmic and terrestrial Influences, etc. These factors influence to those only who come across them, therefore, they are considered non-essential. These are as :

1. Geographical conditions of the country and town and other related matters.
2. Residential conditions and related matters.
3. Occupation and related matters
4. Habits and related matters
5. Age and related matters
6. Sex and related matters
7. Any other factor antagonistic to nature and bodily health, e.g.,micro-organisms, ionizing radiations, electricity and other natural forces

Our body has cold, hot, wet and dry temperaments sensitivity respectively.

The body fluids are composed of four humors:

- blood,
- phlegm,
- yellow bile and
- Black bile.

These humors have their own characteristics the quality and quantity of four humors affect the state of health and disease in the body.

- ❖ Blood: hot & wet
- ❖ Phlegm: cold & hot
- ❖ Yellow bile: hot & dry
- ❖ Black bile: cold & dry

Every person is supposed to have a unique humors constitution which represents his healthy state. To maintain the correct humor balance there is power of self preservation of adjustment. Imbalance in the humor composition occurs, and this causes disease. The medicines used in this system, in fact help the body to regain its power on the optimum- level and thereby restore humor balance, thus retaining health. The correct diet and digestion are also considered to-maintain humor balance.

➤ **Therapeutics, used in Unani system**

In Unani system of medicine various- types of treatment are employed. such as

- Regiment therapy.
- Diet therapy
- Pharmacotherapy and
- Surgery

One regimental therapy includes venesection, cupping, diaphoresis, dieresis, Turkish bath, massage, metastasis, cauterization, purging, emesis, exercise etc.

Diet therapy aims at treating certain ailments by administration of specific diets or by regulating the quantity and quality of food,

Pharmacotherapy deals with the use of naturally occurring drugs of herbal, animal and mineral origin.

Similarly, surgery has also been in use in this system for quite long. The naturally occurring drugs used in this system are symbolic of life and are generally free from side-effect. If such drugs are toxic in crude form, then they are processed and purified in many ways before use.

The Unani pharmaceutical preparations consist of

- Powder suspension,
- Syrups,
- electuaries,
- Distilled medicinal waters and many other forms exceeding seventy in number.

✦ **Acupuncture^[8]**

Acupuncture is the procedure of inserting and manipulating filiform needles into various points on the body to relieve pain or for therapeutic purposes. The word acupuncture comes from the Latin *acus*, "needle", and *pungere*, "to prick with moxibustion". According to traditional Chinese medicine, acupuncture points are situated on meridians along with (a "life energy"), flows. Modern acupuncture texts present them as ideas that are useful in clinical practice and continue to inform the practice of acupuncture, but there is no evidence to support their existence and they have not been reconciled with contemporary knowledge about biology, physics or chemistry. Cosmetic acupuncture is also being increasingly used in attempts to reduce wrinkles and age-lines.

Traditional diagnosis

The acupuncturist decides which points to treat by observing and questioning the patient in order to make a diagnosis according to the tradition which he or she utilizes.

In TCM, there are four diagnostic methods

- inspection,
- auscultation and olfaction,
- inquiring, and
- Palpitation.

Inspection focuses on the face and particularly on the tongue, including analysis of the tongue size, shape, tension, color and coating, and the absence or presence of teeth marks around the edge.

Auscultation and olfaction refer, respectively, to listening for particular sounds (such as wheezing) and attending to body odor.

Inquiring focuses on the "seven inquiries", which are: chills and fever; perspiration; appetite, thirst and taste; defecation and urination; pain; sleep; and menses and leukorrhea.

Palpation includes feeling the body for tender "ashi" points, and palpation of the left and right radial pulses at two levels of pressure (superficial and deep) and three positions Cun, Guan, Chi (immediately proximal to the wrist crease, and one and two fingers' breadth proximally, usually palpated with the index, middle and ring fingers).

➤ **Safety and risks in acupuncture**

Because acupuncture needles penetrate the skin, many forms of acupuncture are invasive procedures, and therefore not without risk. Injuries are rare among patients treated by trained practitioners. In most jurisdictions, needles are required by law to be sterile, disposable and used only once; in some places, needles may be reused if they are first resterilized, e.g. in an autoclave.

Several styles of Japanese acupuncture use non-inserted needling, making for an entirely non-invasive procedure. In non-inserted needling the needle is brought to the skin, but never penetrates it, and various other acupuncture tools are used to tap or stroke along the meridians.

✦ Shiddha medical system^[9]

This system of medicine was popular in ancient India, due to the antiquity of this medical system, the siddha system of medicine is believed to be the oldest medical system in the known universe. The system is believed to be developed by the 9 nath and 84 siddhas in the north and 18 siddhas in the south called siddhar. They are the ancient supernatural spiritual saints of India and the Siddha system is believed to be handed over to the Siddhar by the Hindu God - Lord Shiva and Goddess Parvathi. So are the siddhars, the followers of Lord Shiva (saivam). Siddhar's total nos are eighteen in themagathiyar is the first siddhar.

➤ Basics of Siddha

Generally the basic concept of the Siddha medicine is almost similar to ayurveda. The only difference appears to be that the siddha medicine recognizes predominance of vatham, pitham and kapam in childhood adulthood and old age respectively whereas in ayurvedic it is totally reversed kapam is dominant in childhood vatham in old age and pitham in adults.

According to the Siddha medicine various psychological and physiological functions of the body is attributed to the combination of seven elements:

1. first is saram (plasma) responsible for growth, development and nourishment;
2. second is cheneer (blood) responsible for nourishing muscles, imparting colour and improving intellect;
3. the third is ooun (muscle) responsible for shape of the body;
4. fourth is kollzuppu (fatty tissue) responsible for oil balance and lubricating joints;
5. fifth is elumbu (bone) responsible for body structure and posture and movement;
6. sixth is moolai (brain) responsible for strength; and

7. The last is sukila (semen) responsible for reproduction.

Like in Ayurveda, in Siddha medicine also the physiological components of the human beings are classified as vatha (air), pitha (fire) and kapha (earth and water).

➤ **Concept of disease and causes:**

It is assumed that when the normal equilibrium of three humors (vatha, pitha and kapha) is disturbed, disease is caused. The factors, which assumed to affect this equilibrium, are environment, climatic conditions, diet, physical activities, and stress. Under normal conditions, the ratio between these three humors (vatha, pitha and kapha) is 4:2:1, respectively.

According to the siddha medicine system, diet and life style play a major role not only in health but also in curing diseases. This concept of the siddha medicine is termed as pathya and apathya, which is essentially a list of do's and don'ts.

Diagnosis

In diagnosis, examination of eight items is required which is commonly known as astasthan-pariksa. These are:

1. Na (tongue): black in vatha, yellow or red in pitha, white in kapha, ulcerated in anaemia.
2. Varna (colour): dark in vatha, yellow or red in pitha, pale in kapha;
3. Svara (voice): normal in vatha, high pitched in pitha, low pitched in kapha, slurred in alcoholism.
4. Kan (eyes): muddy conjunctiva, yellowish or red in pitha, pale in kapha.
5. Sparisam (touch): dry in vatha, warm in pitha, chill in kapha, sweating in different parts of the body.
6. Mala (stool): black stools indicate vatha, yellow pitha, pale in kapha, dark red in ulcer and shiny in terminal illness.

7. Neer (urine): early morning urine is examined; straw colour indicates indigestion, reddish yellow excessive heat, rose in blood pressure, saffron colour in jaundice and looks like meat washed water in renal disease.
8. Nadi (pulse): the confirmatory method recorded on the radial art

➤ **Drugs, used in Siddha**

The drugs used by the Siddhars could be classified into three groups:

1. thavara (herbal product),
2. thathu (inorganic substances) and
3. jangamam (animal products).

The thathu drugs are further classified as

- uppu (water soluble inorganic substances or drugs that give out vapour when put into fire),
- pashanam (drugs not dissolved in water but emit vapour when fired),
- uparasam (similar to pashanam but differ in action),
- loham (not dissolved in water but melt when fired),
- rasam (drugs which are soft) and ghandhagam (drugs which are insoluble in water, like sulphur).

The drugs used in siddha medicine were classified on the basis of five properties:

1. suvai (taste),
2. guna (character),
3. veerya (potency),
4. pirivu (class) and
5. mahimai (action).

According to their mode of application the siddha medicine could be categorized into two classes:

- **Internal medicine** was used through the oral route and further classified in to 32 categories based on their form, methods of preparation, shelf life, etc.

- **External medicine** includes certain forms of drugs and also certain applications like nasal, eye and ear drops and also certain procedures like leech application.it also classified in to 32 categories.

➤ **Treatment**

The treatment in siddha medicine is aimed at keeping the three humors in equilibrium and maintenance of seven elements. So, proper diet, medicine and a disciplined regimen of life are advised for a healthy living and to restore equilibrium of humors in diseased condition. Saint Thiruvalluvar explains four requisites of successful treatment.

These are

- the patient,
- the attendant,
- physician and
- Medicine.

When the physician is well qualified and the other agents possess the necessary qualities, even severe diseases can be cured easily. The treatment should be

commenced as early as possible after assessing the course and cause of the disease. Treatment is classified into three categories:

1. devamaruthuvum (Divine method);
2. manuda maruthuvum (rational method); and
3. asura maruthuvum (surgical method).

In Divine method medicines like parpam, chendooram, guru, kuligai made of mercury, sulfur and pashanams are used. In the rational method, medicines made of herbs like churanam, kudineer, vadagam are used. In surgical method, incision, excision, heat application, bloodletting, leech application is used.

✱ HOMEOPATHIC MEDICAL SYSTEM^[10]

Homeopathy, or homeopathic medicine, is a holistic system of treatment and is based on the idea that substances that produce symptoms of sickness in healthy people will have a curative effect when given in very dilute quantities to sick people who exhibit those same symptoms. Homeopathic physicians seek to cure their patients on the physical, mental and emotional levels, and each treatment is tailored to a patient's individual needs.

Developed in Germany in the late 1700s, homeopathy is based on the principle that like cures like. A substance that, when given in large doses, causes a set of symptoms is believed to cure the same symptoms when it is given in minute doses.

Remedies used in homeopathy are derived from naturally occurring substances, such as plant extracts and minerals. Extremely low concentrations are prepared in a specific way. The more dilute the homeopathic medicine, the stronger it is considered to be.

Traditional scientists can find no scientific explanation for how the diluted remedies used in homeopathy could cure disease. Some solutions are so dilute that they contain

no molecules of the "active" ingredient. However, homeopathy has few risks; rarely, an allergic or toxic reaction occurs.

Homeopathic system of healthcare is not strictly an eastern medical system as it was developed in Europe by a German allopathic physician named Samuel Hahnemann (1755-1843) in the early 19th century from the allopathic system. In this system drugs are applied in very small and diluted doses. It is believed that the strength or curative power of a drug increases mathematically with the increasing degree of its dilution. There are about 1200 medicines in homeopathy, of which more than 500 are obtained from medicinal plants, a few from animals, and the rest from pure chemicals. Plant derived medicines in this system are used as mother tinctures. No excipient (preservative, color, sweetener, flavor, etc) is used in preparing homeopathic medicine. This system of medicine is very popular in many Asian countries including Bangladesh.

Hahnemann's fundamental propositions peculiar to Homoeopathy may be said as:

(a) That the action of drugs is demonstrable by observing the patientive symptoms, objective symptoms and pathological changes that occur when they are administered to healthy human patient. -.

(b) That the action of drugs so observed in a healthy human being constitutes their therapeutic potentiality with respect to the sick individual.

(c) That a similarity between disease processes in a particular individual and the known effects of a particular drug in healthy human being (known as drug proving of Homoeopathy) will lead to its successful application in the treatment of diseased individual (i.e. to bring a change in the altered dynamis).

(d) The conception of dynamis (vital force-active-driving force) is applicable in respect of health, disease and cure.

There are three essential processes involved in preparation of remedies:

(a) Serial dilution

(b) Succession

(c) Trituration.

Dilution is the meant by which we reduce the toxicity of the original crude drug. Serial dilution means that each dilution is prepared from the dilution that immediately preceded it. Succession and triturating are the methods by which mechanical energy is delivered to our preparations In order to imprint the pharmacological message of the original drug upon the molecules of the diluents.

From the pharmaceutical point of view there are two main classes of original substance:

- (a) Soluble
- (b) Insoluble.

In the class of soluble substances mother tinctures (alcohol or water extraction) of the plant material are used. The symbol is used to denote the mother tincture of any soluble substance. For soluble substance alcohol and water are applied. At each stage rhythmical violent agitations are carried out, either by hand or machine, and this is known as "Succession".

Insoluble natural substances are prepared in a different way. The diluent in on sense is lactose. The physical process applied at each stage is known as trituration. It is a prolonged circular grinding with mortar and pestle. Once this trituration has obtained 6 x or 1/10. This is dispersed into alcohol water diluent. Thereafter, It Is treated like a soluble substance.

➤ **Majority of the patients chose homeopathic treatment as**

- it has long lasting cure
- low cost and
- No side effect

✱ **Mogha Shasrio**

Jivaka (435 BC) invented a medical system that is known as Mogha Shasrio. This term is coined by Jivaka. He was a student of Gautum Buddha (Shiddharto).The main perception of Buddha religion is: to kill animal is a great sin.

The medicines of Ayurvedic system are prepared from plant, animal and mineral. Jivaka reconstituted or reorganized the whole Ayurvedic system. Thus plant and mineral sources are used for preparing medicine. Jivaka made-up a medical system named Mogha (plant and mineral source).

❖ Folk medical system:^[11]

Folk medical practice a simple form of traditional medical practice which offers healthcare services to the rural people with or without the use of medicinal preparations. This practice is based on traditional beliefs, social cultures and sometimes superstitions of the people, and does not involve the use of any specific medical system. The medicines of this practice mainly consist of plant and animal parts and their products, which are dispensed usually in raw forms as and when needed.

Other items commonly used in this practice are

1. religious medicines, which include the use of religious verses written on papers and given as amulets, religious verses recited and blown on the face or body of the patient or on water to drink or on food to eat; sacrifices and offerings in the name of God and goddess, and

2. spiritual medicines, which include methods like communicating with the spirits or ancestors through human media to inquire about disease and its remedy, torturous treatment of the patient along with recitation of incantations to drive away the imaginary evil spirits and many other similar methods.

Folk medical practice also includes treatments like

- ❖ Blood-letting,
- ❖ bone-setting,
- ❖ hot and cold baths,
- ❖ midwifery,

- ❖ minor surgery,
- ❖ therapeutic fasting,
- ❖ hydrotherapy and
- ❖ heat therapy, including cauterization.

Practitioners of folk medicine are not normally professional people. The elderly people of the communities, religious leaders, 'bedes', or even ordinary people often prescribe folk medicine. Folk medicine is widely practiced in rural and even urban areas of Bangladesh.

❖ **Naturopathy.**^[15]

Naturopathy is the systemic application and philosophy of lifestyle and natural forces to allow the body's innate healing potential to restore and maintain health. Naturopathy recognizes the nature inherent process of healing and acts in no way to suppress, antagonize or hinder these vital life forces, but rather to arouse, assist and cooperate with them through the use of natural agencies as air, sunshine, water, light, heat, electricity, body manipulations, rest, natural vital foods, organic vitamins. Organic, minerals, herbs in conjunction with the cleansing and eliminating processes of other physical and mental cultures.

Naturopathy does not make use of synthetic or inorganic vitamins or minerals, or of drugs, narcotics, surgery, serums, vaccines, anti-toxins, injections or inoculations.

Naturopathy also provides for the prevention of sub-health conditions by teaching and applying the fundamental laws of natural living. Naturopathy can be distinguished from medicine (and naturopathic medicine) in that believes that all disease is the result of a departure from healthful living out of harmony by living in accordance with Natures laws. With this understanding the naturopath recognizes that the medical notion one can shortcut nature by diagnosing and treating individual diseases with potions, wonder drugs, serums, surgery and rejects these notions as folly. Naturopathy can medicine on

the other hand embraces these medical notions and considers them self “primary doctors”.

➤ **Principles of Naturopathy**

Naturopathic ideology focuses on naturally-occurring and minimally-invasive methods, trusting to the “healing power of nature”. Such treatment as “synthetic” drugs, radiation, and major surgery are avoided and rejection of biomedicine and modern science in favor of an intuitive and vitalistic conception of the body and nature are common. Prevention through stress reduction and a healthy diet and lifestyle is emphasized. The philosophy of naturopathic practice is self-described by six core values. Multiple versions exist in the form of the naturopathic doctors' oath. Various mission statements published by schools or professional association and ethical conduct guidelines published by regulatory bodies.

1. First, do no harm, provide the most effective health care available with the least risk to patients at all times (*primum non nocere*).
2. Recognize, respect and promote the self-healing power of nature inherent in each individual human being. (*Vis medicatrix nature*, a form of vitalism).
3. Identify and remove the causes of illness; rather than eliminate or suppress symptoms (*Tolle Causam*).
4. Educate, inspire rational hope and encourage self-responsibility for health (Doctor as teacher).

1.7 Healthcare in Bangladesh^[12]

In Bangladesh the status of healthcare is similar to the one of many developing Countries. Medical practitioners in often operate Bangladesh in relative isolation, dealing with diverse health care needs. Worldwide there is difficulty in retaining

specialists in non-urban areas. The distribution of specialists in Bangladesh is indeed uneven. The bulk of the nation's health manpower is under government control because provision of health care is government's responsibility. There are doctors available in private practice and in recent years, diagnostic services and hospital care have witnessed good growth in the private sector particularly in the capital city of Dhaka and a few other major cities. The bulk of the population living in rural Bangladesh and too poor to afford private medical facilities have to be cared for by government facilities which admittedly are victims of chronic funding and manpower shortage.

In Bangladesh healthcare sector are divided into two: Medical

- ✦ Public sector
- ✦ Private sector

The public sector is largely used for in-patient and preventive care while the private sector is used mainly for out-patient curative care. Primary Health Care (PHC) has been chosen by the Government of Bangladesh as the strategy to achieve the goals of "Health for all" which is now being implemented as Revitalized Primary Health Care Only in cities and towns.

- **The Public Sector**

The primary care in the public sector is organized around the Upazila Health Complex (UHC) at sub-district level which works as a health-care hub. These Units have both in- and out-patient services and care facilities. Most commonly, they have in-patient care support with 31 beds, while some UHC have over 50 beds. Many UHC Units have a package service called "comprehensive emergency obstetric care services" (EOC) available, with an expert gynaecologist, an anaesthetist and skilled support nurses on duty round-the-clock, and basic laboratory facilities. At a lower tier, the Union Health

and Family Welfare Centre (UHFWC) are operational, constituted with two or three sub centers at the lowest administrative level, and a network of field-based functionaries. The public sector field-level personnel are comprised of Health Assistants (HAs) in each union who supposedly make home visits every two months for preventive healthcare services, and Family Welfare Assistants (FWAs) who supply condoms and contraceptives pills during home visits. Recently some of the female HAs and FWAs have been trained as birth attendants (skilled birth attendants – SBAs), to provide skilled services within a household setting. The number of health assistants is determined according to the size of the population. The Health Assistants and Family Welfare Assistants are supervised by a Health Inspector (HI) and a Family Planning Inspector (FPI) respectively, posted at the union level. The UHC is staffed by ten qualified allopathic practitioners and supporting staff, while the UHFWCs are staffed by professionals such as a Medical Assistant (MA/SACMO) and mid-wife (Family Welfare Visitor), both trained in formal institutions.

Above the sub district are the district hospitals (100-250 beds) and medical colleges (serving a group of districts with around 650 beds) providing secondary care, and national tertiary level care facilities. A common tendency is observed in terms of utilization – a stark imbalance in service utilization at public health facilities. There is low utilization of most facilities at the primary level (Upazila and below) and overutilization of facilities at the secondary and tertiary levels.

➤ Public health infrastructure in Bangladesh

Medical college and hospital	13
Specialised hospital and centre	61
National institute	3
Medical university	1
Post graduate institute and hospital	5
Infectious diseases hospital	6
TB hospital	4

Chest hospital	45
Leprosy hospital	3
Mental hospital	2
Paramedic institute	1
Dental college hospital	2
Upazila Health Complex	402
Union sub-centre	3175

- **The Private Sector:**

In the private sector, there are traditional healers like Kabiraj, totka, and faith healers like pir or fakirs, homeopathic practitioners, village doctors community health workers and finally, retail drugstores that sell allopathic medicine on demand. In addition to dispensing medicine, sellers at these mostly unlicensed and unregulated retail outlets also diagnose and treat illnesses despite having no formal professional training. All of these informal providers are deeply embedded in the local community and culture and are easily accessible, providing inexpensive services to the villagers with occasional deferred payment, and payment in kind being accepted instead of cash. To this is added an emerging cadre of semi-qualified community health workers or volunteers, who are formally trained by the NGOs such as BRAC, Gonoshasthya Kendra etc and their numbers have been increasing since the 1990's with the expansion of PHC infrastructure in the country.

1.7.1 Primary healthcare^[12]

The administration of primary healthcare by the Bangladesh government is carried out through a surprisingly extensive infrastructure of facilities within each of the 64 districts. The districts are divided into 460 upazillas (sub-district) which are subdivided into unions. Each union consists of approximately 25,000 people and health services are directed by the Ministry of Health and Family Welfare (MOHFW). The new five-year health and population sector programme (HPSP) based on the Health and Population Sector Strategy (HPSS) already under implementation since July 1998 calls for providing an essential service package (ESP) or a community based healthcare scheme to the entire population at four different levels of delivery.

The levels are:

- Community out-reaches,
- Health and family welfare centers/rural dispensaries.
- Upazila health complexes as first referral system and
- District hospital as second referral system

1.8 Healthcare in rural areas

The rural areas of Bangladesh contain more than 70 percent of its total population and 82 percent of the total poor people. The upazillas (sub-district) consisting of unions, represent the rural areas of the country. Primary healthcare service is offered from the union levels called 'Union Health Centers. Union Health Centers have an available staff comprising of a medical Assistant. However, despite such an extensive rural health care infrastructure, only 8 percent of the rural populations access these amenities of village elite. Government complexes are not utilized to "anywhere near their capacity," primarily because of the lack of quality care and accessibility

1.9 Problems in the healthcare system^[12]

It is noted that the highest number of problems (22%) in health sector.

The problems are:

- inadequate number of physicians,
- wrong treatment,
- negligence towards patients,
- absence from duty and
- Unwillingness of doctors to stay at rural areas and small towns.

The other problems are related to supplies, equipment, beds etc (21%). Some other major problems often discussed also include lack of ambulance services as well as proper referral services.

1.9.1 Deficiencies particularly in the rural healthcare centers^[16]

1. Lack of proper diagnostic facilities
2. Lack of qualified physicians
3. Improper distribution of diagnostic professionals
4. Professional isolation of Physicians
5. Medical manpower shortage
6. Post-disastrous medical management

1.10 Health and Social Conditions in the Dhaka Slums^[13]

Bangladesh has 3.4 million people living in the 5000 slums of its capital city Dhaka. Slum living has important social and health consequences. Homelessness and poverty are an international crisis Bangladesh, with a population of 147.4 million is one of the poorest countries in the world, with an estimated 3.4 million people live in some 5000 slums of its capital city, Dhaka. In 2010, the population of the city of Dhaka has been projected at 17.6 million people, with up to 60% in the slums. Slums, which are heavily populated urban areas characterized by poverty and substandard housing, The majority described migrated to Dhaka for economic reasons, and once there had unacceptable levels of malnutrition, hygiene and health, deprivation of essential services, and financial stability. The majority (93%) of the patients were born in outside villages, an average of 255 km from the slum. Most people come to slum for

- economic migration
- citing poverty
- inability to find work and
- Sell-off of their land as reasons they left the countryside.
- family conflict or violence, and
- cited floods or land erosion

Most of the slum people do not feel that they live in a hygienic environment, and feel that the slum had lead to disease or ill health in their families. The most desirable place to live is felt to be in their village of origin, while others dreamed of living in higher-class places in the city, a place more quiet or free of mosquitoes.

1.10.1 Problems in slum

- unclean latrine facilities, harassment by slum owners and the need to pay bribes,
- lack of employment,
- mosquitoes,
- extremes of heat,
- leaking roof,
- harassment of women
- lack of available fuel/gas and
- Lack of food.

Barriers preventing a move to a more desirable location were stated as a lack of funds

- lack of land,
- inability to find work,
- lack of government assist
- illiteracy and
- Large family size.

Most feel that they will not attain a better standard of life without government assistance, though some have tendency to save their own money to this end.

Health Facilities for slum people:

Health care facilities are

- ✓ Government- run,
- ✓ NGO-run and
- ✓ Private.

People feel that facilities charged for services in slum are expensive.

1.11 WHAT WE SHOULD DO TO DEVELOP HEALTH CONDITION IN SLUM

As these people are greatly contributing to the economy and work force of the country, these problems are important and numerous, and it is unlikely that Piecemeal solutions will be apply cost effective to achieve health in the slums; rather these problems require parallel attention. Funds are limited, and to alleviate poverty a detailed cost effectiveness analysis of comprehensive interventions is required, to create a strategy for sustainable improvements in the quality of life for those in the ever growing Slums of Dhaka. We should help them to

- ✓ Improve living conditions,
- ✓ Prevalence of illness,
- ✓ Access to clean water and latrines,
- ✓ Availability of health services,
- ✓ Nutrition,
- ✓ Education,
- ✓ Employment and
- ✓ Security

1.12 HEALTH POLICY OF BANGLADESH^[14]

Here health is defined as *"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"*.

Every Citizen has the basic right to adequate health care

- The State and the government are constitutionally obliged to ensure health care for its citizens

- To ensure an effective health care system that responds to the need of a healthy nation, a health policy provides the vision and mission for development.
- Pursuance of such policy will fulfill the demands of the people of the country, while the health service providers will be encouraged and inspired.
- People's physical well-being and free thought process have proved to be a precondition for the growth and intellectual enrichment in today's human society.

In the first page of the proposed National Health Policy of Bangladesh, above points are given to ensure the safe health of the people. But necessary steps have not been taken yet. But every citizen especially poor people in Bangladesh does not able to access this facility.

Chapter 2

Study Background



2. STUDY BACKGROUND

In Bangladesh, health care service and use of drugs are not properly maintained. And it is a dangerous problem. It effects on human health silently, as our people are not concerned about the use of drugs. Health service in Bangladesh is not satisfactory. People do not get sufficient health service from government and a large number of Bangladesh's people, particularly in rural or slum areas, remained with no or little access to health care facilities. In Bangladesh, the government healthcare system remains a very minor source of health care for rural households. In Bangladesh slum living has important social and health consequence Health care system of medical practices to provide people with proper medical and other healthcare services. Different healthcare services differ in their philosophy and concept as to the causes of disease, their approach to healing, methods of treatment, and composition and preparation of medicinal products

In Bangladesh modern and alternative medical system are present side by side. In Bangladesh , Homeopath, ayurvedic and unani medicines are officially recognized, practiced as alternative and side by side with allopathic medicine and also as supplementary system Organized and well-equipped hospitals and clinics have been developed to effectively and properly offer healthcare services to people under this modern system. However, because of inadequacy of medical equipment and shortage of manpower and infra-structural facilities, benefits of modern system of healthcare services cannot be extended to rural areas as adequately as needed. The cost involved in offering healthcare services under this modern system is also much higher than that of any other system of healthcare services available in Bangladesh.

The bulk of the population living in rural Bangladesh and too poor to afford private medical facilities have to cared for by government facilities which admittedly are victims of chronic funding and manpower shortage. It is noted that the highest number of problems (22%) in health sector^{12]}.

The problems are:

- inadequate number of physicians,
- wrong treatment,
- negligence towards patients,
- absence from duty and
- Unwillingness of doctors to stay at rural areas and small towns
- Improper distribution of diagnostic professional isolation of Physician.
- Post-disastrous medical management

Alternative Medicine popularly known as Unani, Ayurveda and Homeopathic Medicine has been playing a significant role in the health care delivery system in the developing countries of this region including Bangladesh from time immemorial. Although tremendous progress has taken place in the field of modern medicine particularly in synthetic pharmaceuticals and antimicrobials, the practice and use of Alternative medicine is being continued throughout the country even today. Because of unique geographical location and favorable climatic condition for cultivation and growth of a wide variety of flora and fauna having rich medicinal properties are intimately related and acceptable to our culture, diet and regimen.^[17]

Bangladesh being one of the few developing countries with a very large population living in the rural areas in the midst of extreme poverty can hardly effort the expensive diagnostic and treatment facilities of modern medicine.

Problems in alternative medical system:

- ❖ It falls outside the realm of 'scientific' medicine.
- ❖ Many of these healers (e.g. faith healers) provide a much narrower range of services for a more limited set of conditions

This problem appears because of:

- Lack of adequate support and patronization from state, the alternative medicine is being practiced now a day mostly by unqualified persons in unscientific and unethical manner and
- The quality medicinal preparations are also scarce for lack of support in manufacturing process and industrial plants.

Unfortunately the rule and regulation of using different medical system are not maintained in our country. Many studies have been done on the health service system in Bangladesh. But actually on use of drug in different medical system there was not sufficient study done. To have the picture about different medical systems, the percent of drug use in this medical systems and the reason behind this using a survey program in four areas Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural so that I can make good comparisons about their life style the logic and mentality of them for selecting different medical system .At first the questionnaires were prepared which includes information about the diseases of patients, medical system they use for the diseases, the reason behind this using, the outcome of using this system, The observed side effects after using this medical system, acknowledgement of this medicine, comparisons on traditional medicine or modern medicine, thinking of people about traditional and modern medical system on children, and the patient information such as: age of the patients, monthly income of patient's family, profession, education level, etc. Then a survey program was conducted on 800 persons among those areas.

The aim of my study was to find out the present situation of the health service in Bangladesh, the diseases that cropped up more, the medical system they used for disease and to locate or investigate whether the medical system works wisely or not.

Chapter 3

Literature Review

3. LITERATURE REVIEW

In past many literatures were published on healthcare system in Bangladesh. Those contain the health policy and deficiency in healthcare services in Bangladesh.

A literature on "Health and Social Conditions in the Dhaka Slums" by Tiina Podymow MD Jeff Turnbull MD Mohammed Aminul Islam M.A. Mahmud Ahmed M.A. University of Ottawa, Ontario Canada^[13]

Here discussed about that Bangladesh, with a population of 147.4 million and it is one of the poorest countries in the world, with an estimated 3.4 million people live in some 5000 slums of its capital city, Dhaka. In 2010, the population of the city of Dhaka has been projected at 17.6 million people, with up to 60% in the slums. The last study of the urban poor was the 1995 Survey of Urban Poverty in Bangladesh. The Bangladesh Demographic and Survey (BDHS) 4 is a periodic study of the population and although urban areas are surveyed, slums are not specifically investigated. Urban planning to accommodate increasingly large slum areas requires study to determine demographics and determinants of improved quality of life, such as health status health services, financial stability, education and security.

For the survey A sample of 100 subjects health care providers were sought by 61 respondents in the past 6 months; a doctor by 44, a homeopath by 4, a "quack" (traditional medicine) by 3 and NGO clinics by 16. Twenty-five respondents were taking medicine, and 62 had prescriptions but were not taking medication due to cost. When asked if their families receive the health services that they need, 67 did "sometimes," and 32 responded "never." Health care facilities were government- run, NGO-run and private. Facilities charged for services, and a third each felt that the charges were expensive, moderate and low. The literature discussed only about the status of health condition of slam people but did not suggest how they can get the proper health service in low cost.

Another literature on "Situation of Traditional Medicine in Bangladesh" by Farida Akhter UBINIG (Policy Research for Development Alternative) Bangladesh.^[4]

"The main aim of this research was to explore the traditional medical system. As South Asia is historically rich for the practice of Ayurveda, unani and Homeopathy and various local treatments that include food systems, spiritual rituals, customs, etc. here discuss that Folk practice Based on traditional beliefs, social cultures, with or without use of medicinal preparations – includes religious and also spiritual medicines Folk medicine is mainly based on community knowledge – expressed through experiential knowledge of the elderly people, home based treatments. Folk medicine is widely practiced in Bangladesh Countries like Bangladesh are rich in biodiversity, therefore have a rich resource of herbs and plants, tree which in one or more of its organs, and contains substances that can be used for therapeutic purposes. Bioprospecting i.e. commercialization of biological resources (world market of \$62 billion according to survey in 2000 increasing by 15% each year).

Here discussed about Situation of imports of medicinal plants Bangladesh is so far the importer of raw materials for pharmaceuticals (Tk. 64 crore worth of medicinal plants) Govt. aims to reduce imports in Bangladesh has at least 500 medicinal plants, 106 plant species being listed as endangered. 80% people depend on herbal medicine for their primary care. Allocation of budget for TM is 0.08%

But the study did not describe that, that inappropriate use of traditional medicines or practices can have negative or dangerous effects. So that further research is needed to ascertain the efficacy and safety of several of the practices and medicinal plants used by traditional medicine systems.

We know that "Traditional medicine" is most of the medical practices that fall outside the realm of 'scientific' medicine. Many of these healers (e.g. faith healers) provide a much narrower range of services for a more limited set of conditions.

How we can develop the practices of traditional medical system it is very important issue. Training the traditional and untrained health care providers will be a wise option to ensure health care to the villagers

Chapter 4

Methodology



4. Methodology

4.1 Study Area

In my study program, I selected four areas in Bangladesh; I have divided these areas like the following.

- ▶ Dhaka city
- ▶ Dhaka slum
- ▶ Iswhurdi rural
- ▶ Iswhurdi town

I choose the those areas because Dhaka is capital city of Bangladesh whereas iswhurdi is an upazzilla . As one is from the capital city and another is from a district town it helps me to find out the comparison of the situation. Iswhurdi is also my home town so I could easily go to the area. The reason behind choosing the above four areas is to have a comparison based study and observe their choices about medical systems, and also their logic behind the choices.

I collected a total of 800 described subject's data among them 300 from Dhaka city, 100 from Dhaka slum and 200 from iswhurdi town and 200 from iswhurdi rural on the basis of prepared format (*Annex-1: percent of drug use in different medical system*)

Dhaka		Iswhurdi		Total
urban	slum	Urban	rural	
300	100	200	200	800

This format includes:

- ▶ Diseases of patients
- ▶ Medical system they used for the diseases
- ▶ The reason behind this using
- ▶ The outcome of using this system.
- ▶ The observed side effects after using this medical system
- ▶ Acknowledgement of this medicine
- ▶ Comparisons on traditional medicine or modern medicine.
- ▶ Thinking of people about traditional and modern medical system on children.

Patient's information such as:

- ▶ Age of patients
- ▶ Gender
- ▶ Religion
- ▶ Monthly income of described subject's family
- ▶ Patient's profession
- ▶ Education level of patients

4.2 Data Entry and Data Analyzing:

After entering the Data into the computer and then using Microsoft Office XP which is a recent version including MS Word and Excel, all data were analyzed.

4.3 Data Presentation:

Results are presented in different approaches using pie chart, bar diagram, columns and different tables.

Chapter 5

Result and Discussion

5. RESULT AND DISCUSSION

The major objective of the study was to find out the medical systems that were accepted by different class of people in Bangladesh and the present situation of the health caring system. Both the major and minor findings of the study are as follows:

5.1 AGE DISTRIBUTION OF PATIENTS

Total number of patients was 800. I have taken all groups of people in those areas. Age group was divided into seven (7) categories. At Dhaka urban the age group 20-29 was highest among the entire group with 84 persons. At Dhaka slum the age group 20-29 is highest among the entire group with 23 persons. At Iswhurdi urban the age group 30-39 was highest among the entire group with 74 persons. At Iswhurdi rural the age group 40-49 was highest among the entire group with 100 persons. Combining all the areas, age group 20-29 consists of highest number of patients with 234 persons.

Table 01: Age Distribution of Patients age distribution

area	16-19 years	20-29 years	30-39 years	40-49 years	50-59 years	60 & Above years	Total
Dhaka urban	51	84	62	40	45	18	300
Dhaka slum	23	15	17	15	14	16	100
Iswhurdi urban	55	74	35	10	20	6	200
Iswhurdi rural	7	61	10	100	17	5	200
Total	136	234	124	165	96	45	800

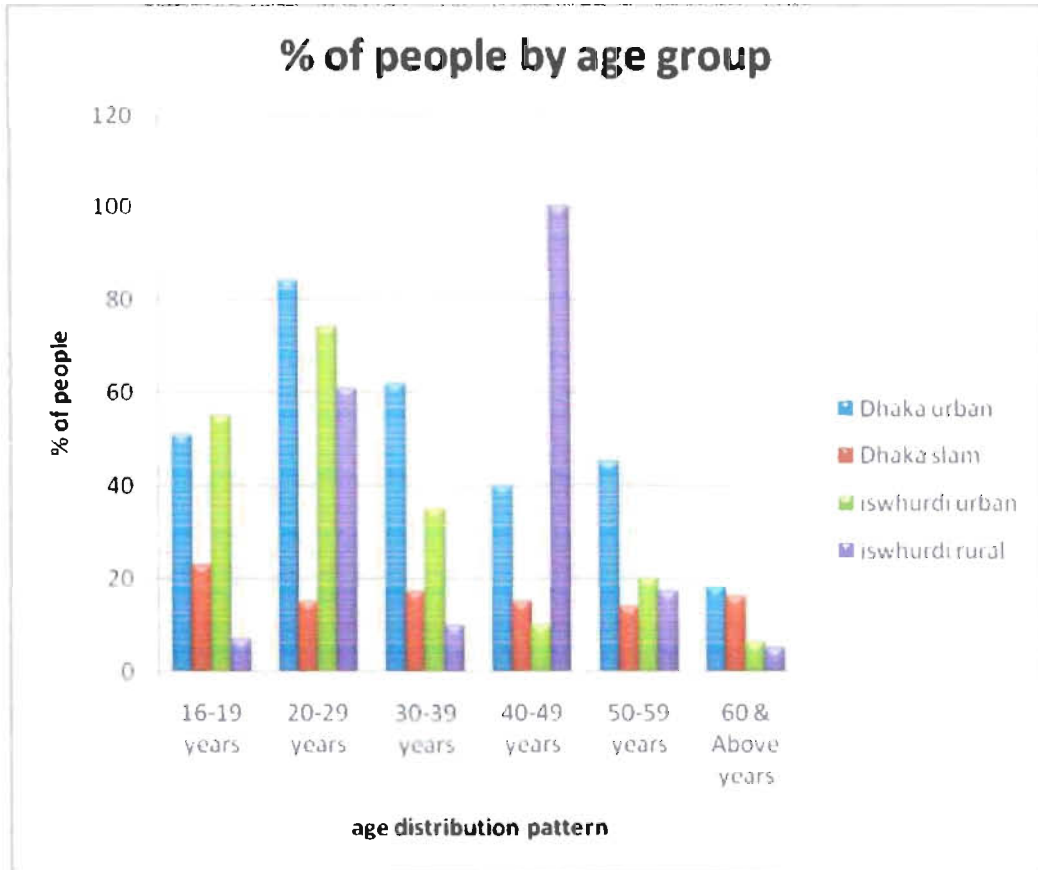


Diagram 01: Age distribution of patients among all the areas

5.2 GENDER DISTRIBUTION OF PATIENTS

Patients were divided into their gender groups. It was found that the female patients are more in no. than male patients. Among 800 the 487 of the total persons were female and the rest of 313 were male. In Dhaka urban no. of female persons was 205 and male were 85. In Dhaka slum the no. of male and female patients was 57 and 43 respectively. Iswhurdi urban the no of male and female persons 66 and 144 respectively .Lastly in Iswhurdi rural the no. of male patients was 105 where no. of female patients was 95.

Table 02: Gender of the subjects:

area	Male	% of Male	Female	% of Female
Dhaka urban	85	29	205	71
dhaka slum	57	57	43	43
iswhurdi urban	66	31	144	69
iswurdi rural	105	53	95	48
Total	313	39	487	61

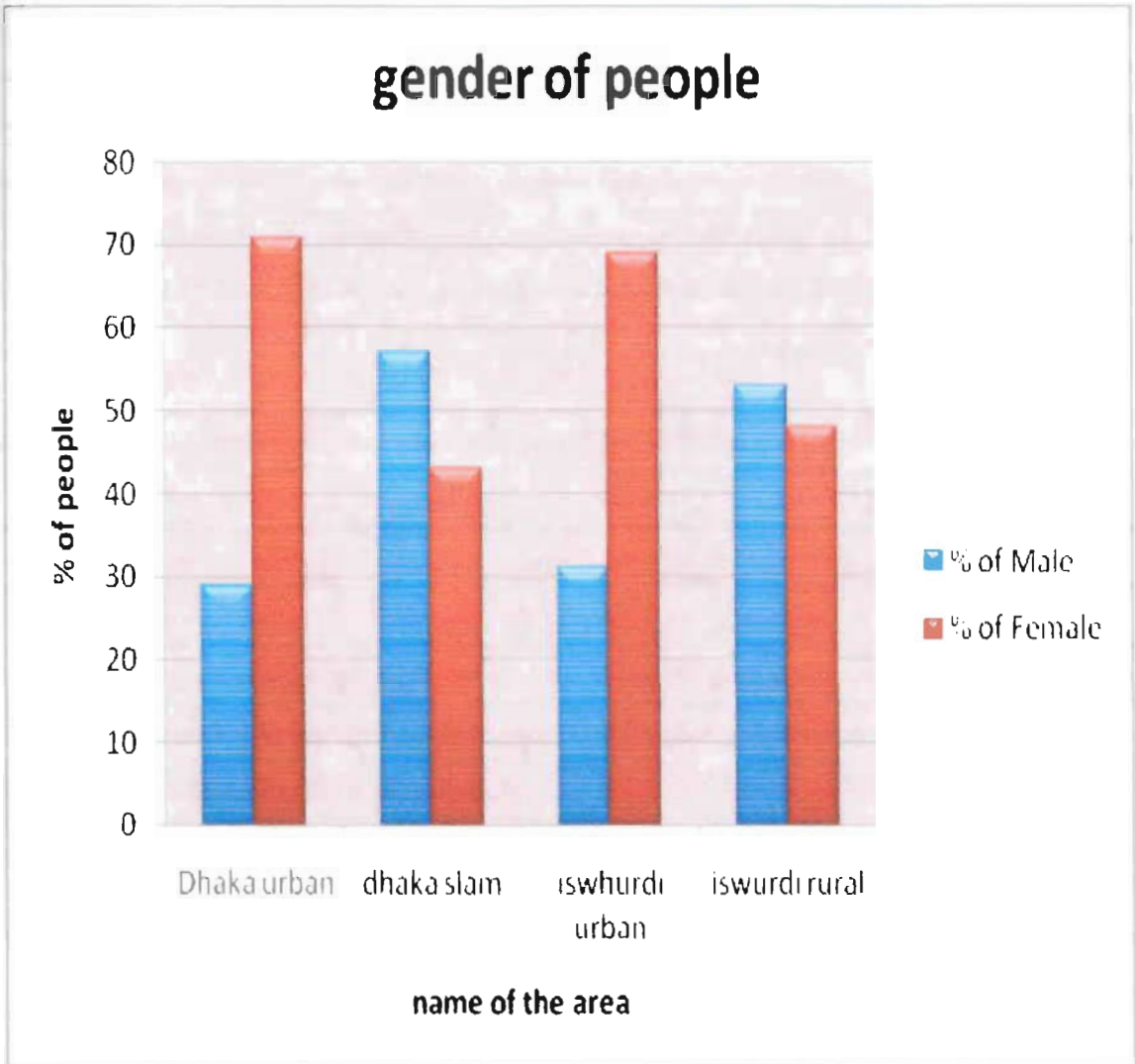


Diagram 02: Gender of people

5.3 Name of the diseases that found more or observed frequently:

Here in the research I studied the name of diseases and the disease that had occurred more in last three month I had seen twenty one or twenty two type of diseases more .some diseases I got in one or two persons. Who suffers from vomiting, worm, pox.measeles in so I fall this diseases in the quotation named others. With the name of the disease I can compare which type of disease occurs most in this area. Because it is very important, that which disease occurs more and what are the reasons behind this.

5.3.1 Name of Diseases and reasons in Dhaka urban

In the study, gastric is found as highest in Dhaka urban. Total no. of patients was 300 where 57 persons are suffering from gastric. 29 persons are suffering from arthritis.27, 25, and 21 persons suffering from pressure diabetic and heart disease respectively.21 persons suffering from cold/cough/ fever. Here we see that my sample is 300 but total 311 people suffering from various diseases because some people suffering from two or three type of disease in last three month.



TABLE: Name of diseases that found in Dhaka urban

Name of the diseases found in Dhaka urban	No of people affected in last three month	% of population
cold/cough/fever	21	10.5
diabetic	25	12.5
cancer	8	4
tumor	4	2
arthritis/back pain	29	14.5
diarrhea/dysentery	11	5.5
asthma	12	6
jaundice	9	4.5
allergy	8	4
gastric	57	28.5
heart diseases	23	11.5
stroke	6	3
sinus	14	7
ulcer	7	3.5
mental problem	9	4.5
period problem	6	3
teeth problem	7	3.5
pressure	27	13.5
eye problem	12	6
blood infection	5	2.5
kidney stone	6	3
others	5	2.5
Total	311	155.5

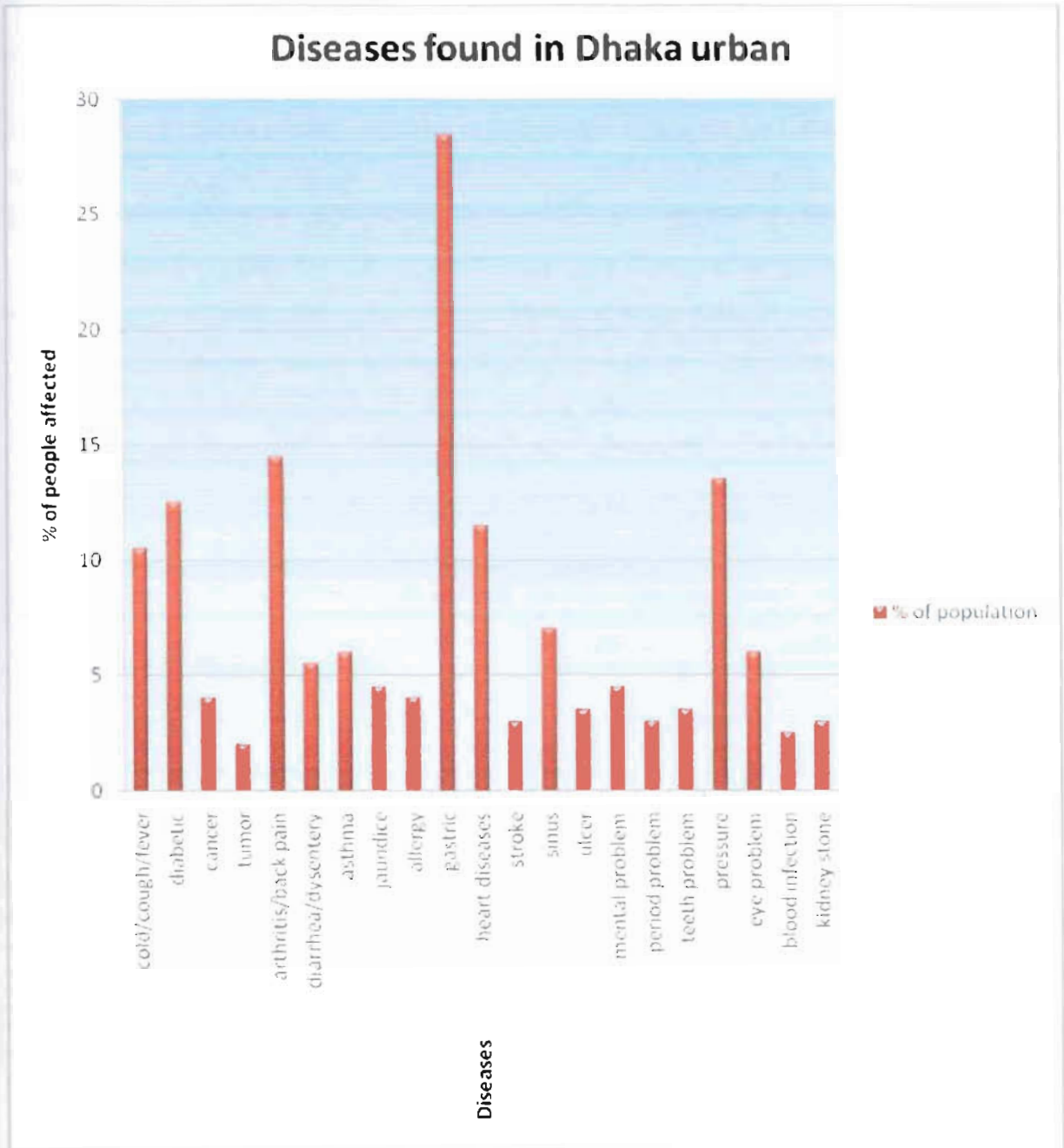


Diagram 03: Name of the diseases found in the Dhaka urban

5.3.2 Name and reasons of the Diseases in Dhaka slum

I did survey on slum people .so I went two slums one was TNT slum which placed in banani near my university so I can easily went there another was rayer bazaar slum. The majority (93%) of the patients were born in outside of Dhaka. In the study, cold/cough/fever is found as highest in Dhaka slum. Total no. of patients was 100 where 42 persons were suffering from this. 16 persons were suffering from diarrhea. There were 6 and 9 persons, who were suffering from gastric and jaundice in last three month. My sample was 100 but No of total people affected in last three month was 118 because some people was suffering from two or three type of disease. In slum it is tough to find fresh water so cold, jaundice, diarrheas are common problems

Table 04: Name of the diseases found in the Dhaka slam

Dhaka slums

- Rayer bazaar slum,
- TNT slum

Name of the diseases	No of people affected in last three month	% of population
cold/cough/fever	42	21
diabetic	2	1
pressure	3	1.5
vit decieny	2	1
arthritis/back pain	5	2.5
diarrhea/dysentery	16	8
asthma	4	2
jundice	9	4.5
allergy	4	2
gastric	6	3
heart diseases	5	2.5
Sinus	7	3.5
period problem	4	2

Name of the diseases	No of people affected in last three month	% of population
fungus attack in leg	4	3
Others	5	1
Total	118	58.5

Table 04: Name of the diseases found in the Dhaka slam

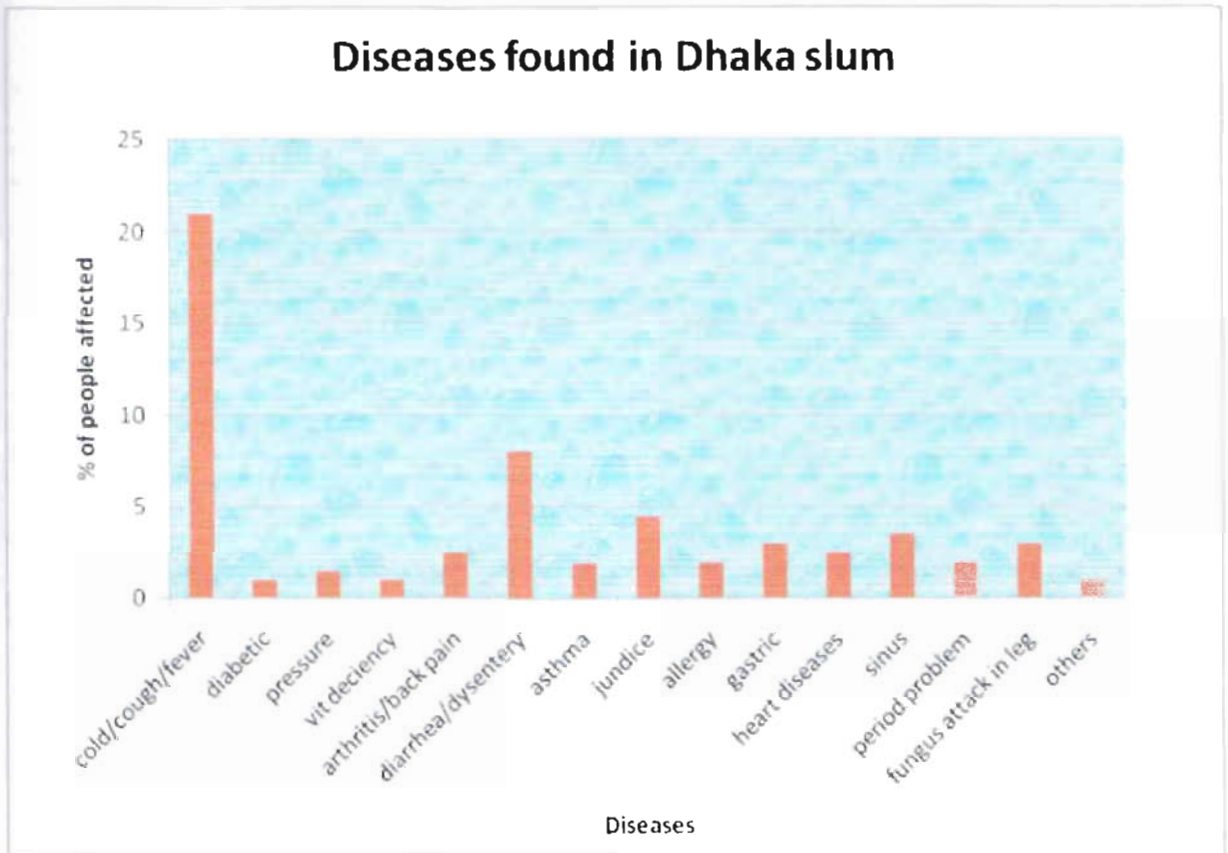


Diagram 04: Name of the diseases found in the Dhaka slum

5.3.3 Name of the Diseases found in Iswhurdi urban

In the study, cold/cough/fever is found as highest in Dhaka slum. Total no. of patients was 200 where 52 persons were suffering from this. 16 persons were suffering from diarrhea. There were 6 and 9 persons, who were suffering from gastric and jaundice in last three month. My sample was 100 but No of total people affected in last three month was 118 because some people was suffering from two or three type of disease. In slum it is tough to find fresh water so cold, jaundice, diarrhea is common problems

Table 05: Name of the diseases found in the Iswhurdi urban

Name of the diseases	No of people affected in last three month	% of population
cold/cough/fever	52	26
diabetic	21	10.5
pressure	12	6
cancer	2	1
tumour	5	2.5
arthrities/backpain	22	11
dirrhoea	7	3.5
asthma	4	2
jundice	13	6.5
allergy	4	2
gastric	29	14.5
kidney probem	2	1
heart diseases	17	8.5
stroke	6	3
others	4	2
Total	204	102

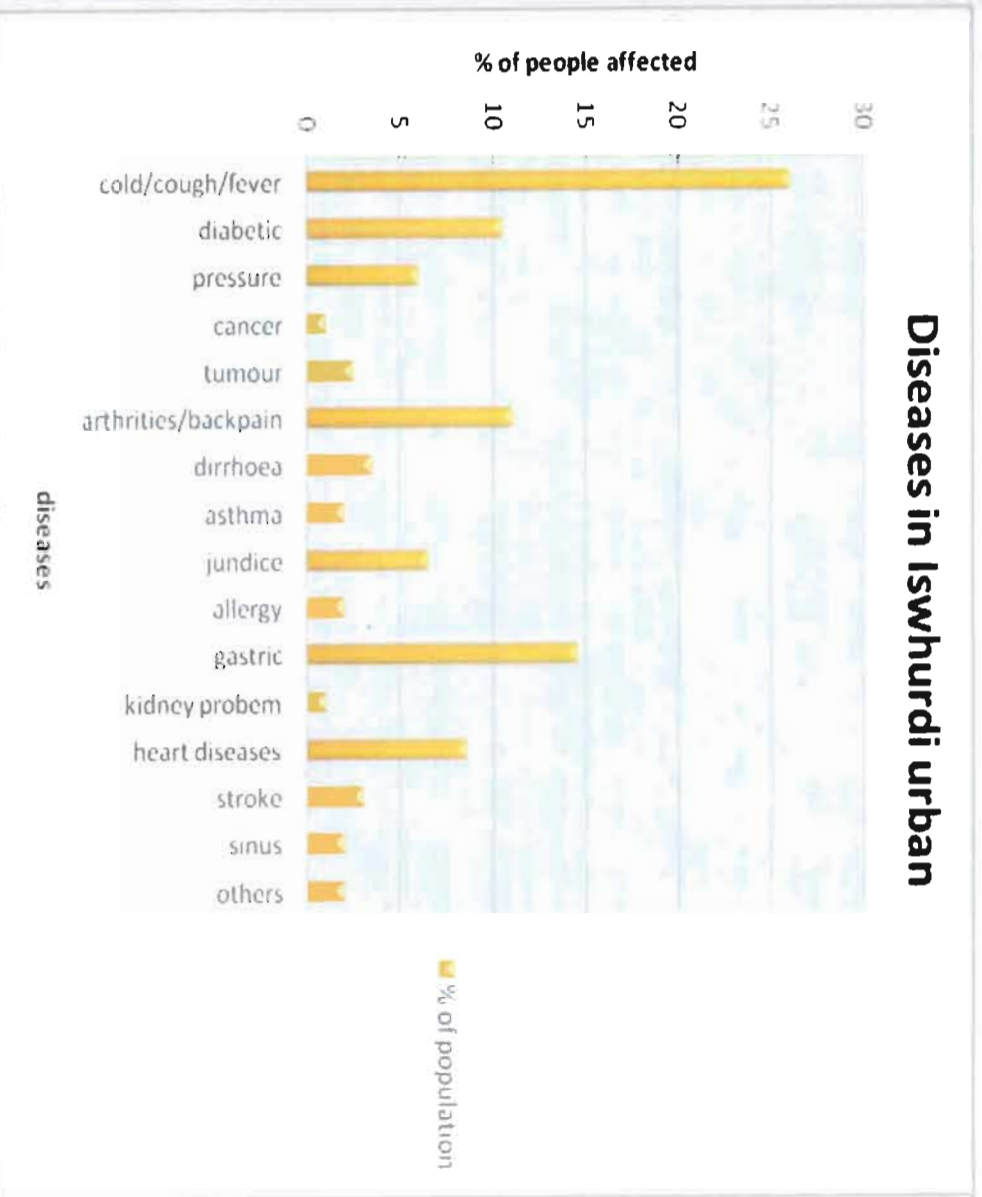


Diagram 05: Name of the diseases found in the Iswaurdi urban

5.3.4. Name and reasons of the Diseases in Iswhurdi rural

In the study, cold/cough/fever is found as highest in Iswhurdi rural. Total no. of patients was 200 where 32 persons were suffering from this. 32 persons were suffering from diarrhea. There were 25 and 22 persons, who were suffering from gastric and arthritis in last three months. My sample was 200 but No of total people affected in last three month was 219 because some people was suffering from two or three type of disease

Table 06: Name of the diseases found in the Iswhurdi rural

Name of the diseases	No of people affected in last three month	% of population
cold/cough/fever	39	19.5
diabetic	7	3.5
Cancer	4	2
Tumor	8	4
Arthritis/back pain	22	11
diarrhea/dysentery	32	16
Asthma	11	5.5
jaundice	18	9
Allergy	9	4.5
Gastric	25	12.5
Heart diseases	11	5.5
Stroke	6	3
Sinus	12	6

Iswhurdi rural	No of people affected in last three month	% of population
Ulcer	5	2.5
Mental problem	6	3
Others	4	2
Total	219	109.5

Diseases in Iswhurdi rural

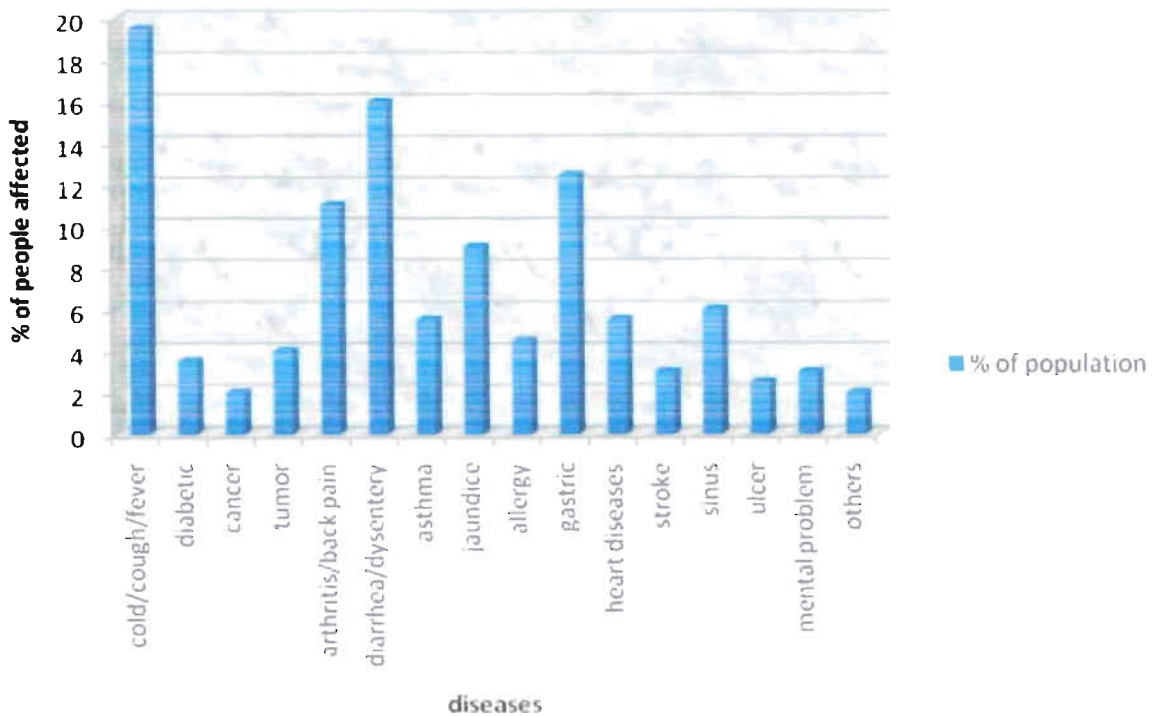


Diagram 07: Name of the diseases found in the Iswhurdi rural

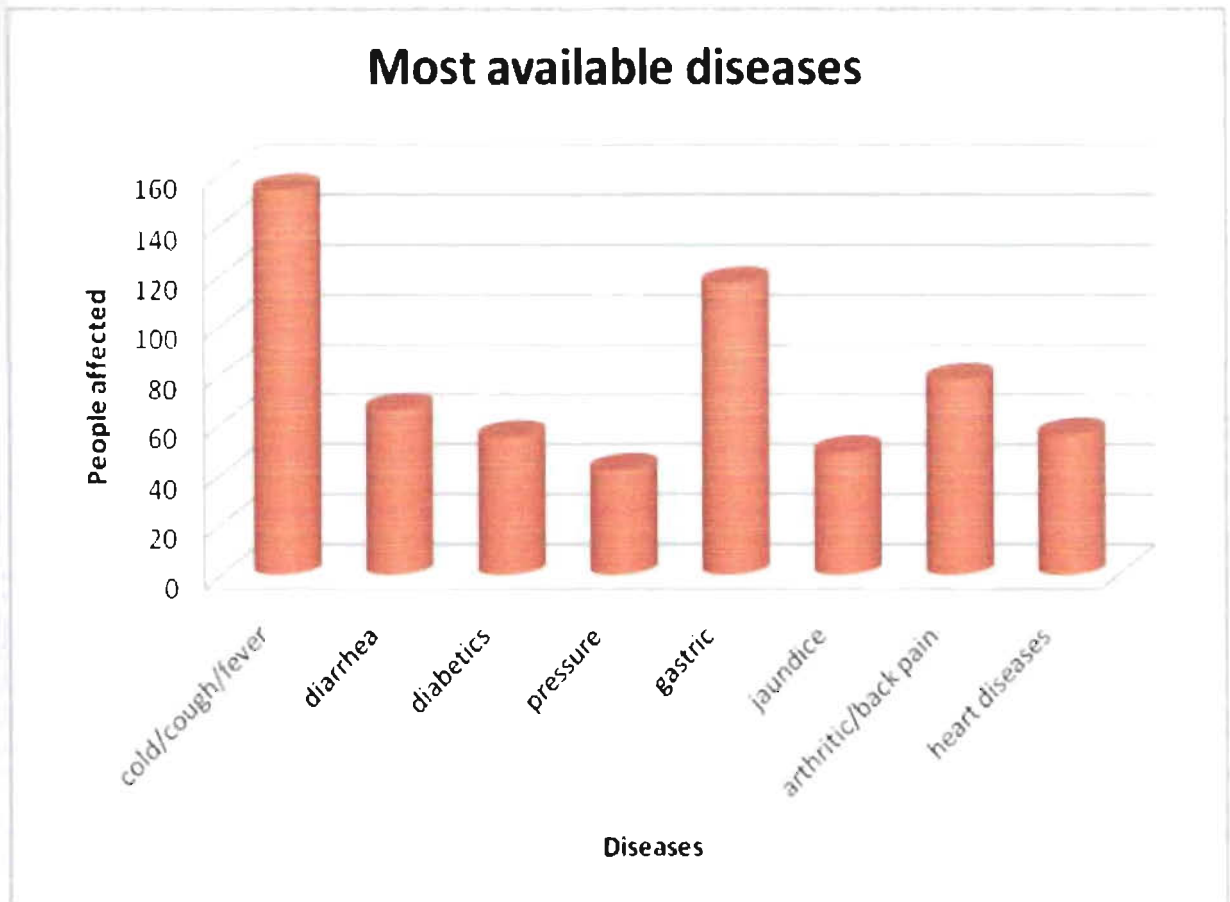
5.3.5 Comparative study on name of diseases among Dhaka urban Dhaka slum, Ishwurdi urban and Ishwurdi rural that appears most

By combining all the data it was found that 154 no. of patients suffers from cold/cough/fever., 117 no of persons suffering from gastric. 74 no. of patients suffer from arthritis. 66 no of persons suffering from diarrhea .56 no of persons suffering from heart diseases.55 no. of patients suffer from diabetics. 49 no of persons suffer from jaundice.

Table 08: Comparison of the diseases suffered by the different subjects of the different locations

Areas	cold/cough/fever	diarrhea	diabetics	pressure	gastric	jaundice	arthritic/back pain	Cardiac problem
Dhaka urban	21	11	25	27	57	9	29	23
Dhaka slum	42	16	2	3	6	9	5	5
Ishwurdi urban	52	7	21	12	29	13	22	17
Ishwurdi rural	39	32	7	0	25	18	22	11
Total	154	66	55	42	117	49	78	56

Diagram: Comparison of the diseases suffered by the different subjects of the different locations



5.4 Medical system used by people.

5.4.1 Comparative study on type of medical system used by the Cold, Cough, Fever patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural.

There were total 154 people who suffered from cold/fever/cough. Most of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. In our country it occurs more because frequent seson change. total 71 people use allopathy.4 no of people use ayurvedic..17 no people use unani .41 no of people use homeopathy.19 no people use faith healers and 12 people use folk medical system.

Table 09: Medical system used by the people in last three month

<u>Diseases</u> Cough/ fever/cold	medical systems	Dhaka urban	Dhaka slum	iswhurdi urban	iswhurdi rural	Total
	allopathy	14	16	26	15	71
	ayurvedic	0	0	2	2	4
	unani	0	8	5	4	17
	shiddha	0	0	0	0	0
	homeopath	10	9	12	10	41
	mogha	0	0	0	0	0
	acupressure	0	0	0	0	0
	faith healers	0	6	5	8	19
	folk medicine	0	5	5	2	12



Medical system used by cold/cough/fever patient

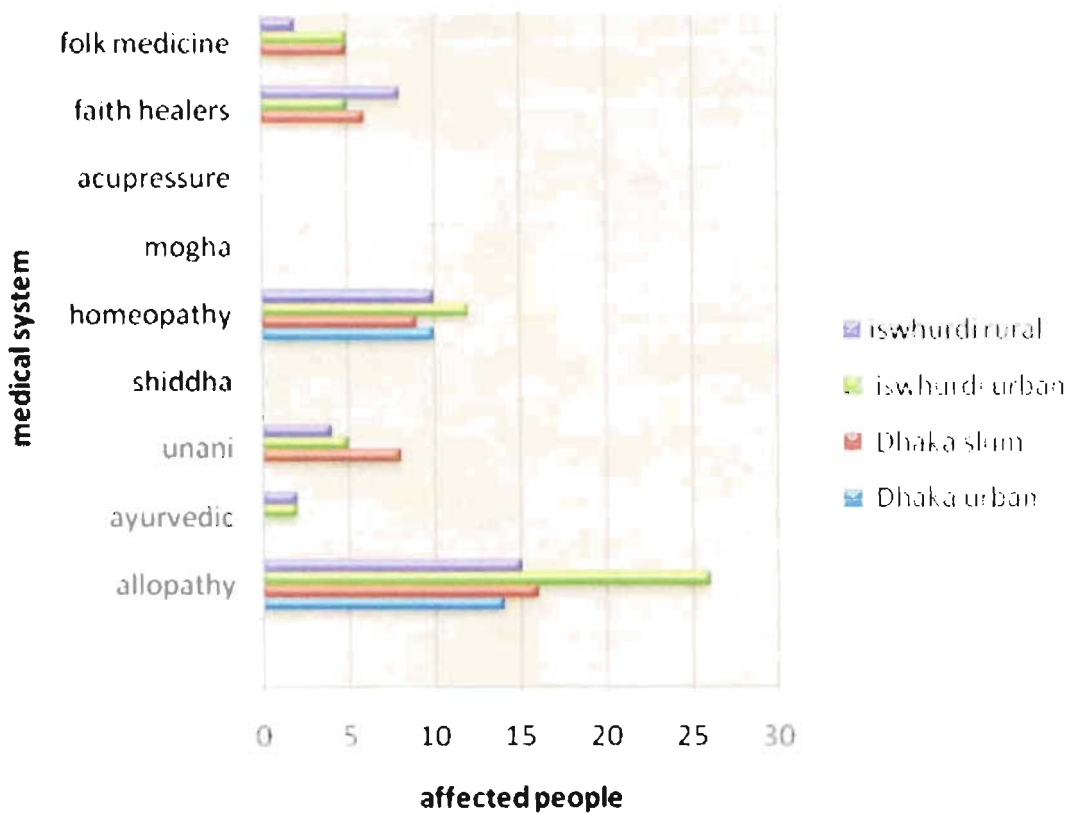


Diagram 09: Medical system used by the people in last three month

5.4.2 Comparative study on type of medical system used by the Gastric patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural.

Gastric: There were total 117no of people who suffers from gastric. Most of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system total 60 no of people use ayurvedic,20 no of use ayurvedic,22 no people use unani 24 no of people use homeopathy. And 8 no of people use folk and faith healers.

Table 10: medical system used by people in last three month

<u>Diseases</u> GASTRIC	medical systems	Dhaka urban	Dhaka slum	lwhurdi urban	iswhurdi rural	Total
	allopathy	27	2	19	12	60
	ayurvedic	7	5	2	6	20
	unani	12	0	5	5	22
	shiddha	0	0	0	0	0
	homeopathy	9	3	4	8	24
	mogha	0	0	0	0	0
	acupressur	0	0	0	0	0
	faith healers	0	0	2	6	8
	folk medicine	5	0	3	0	8

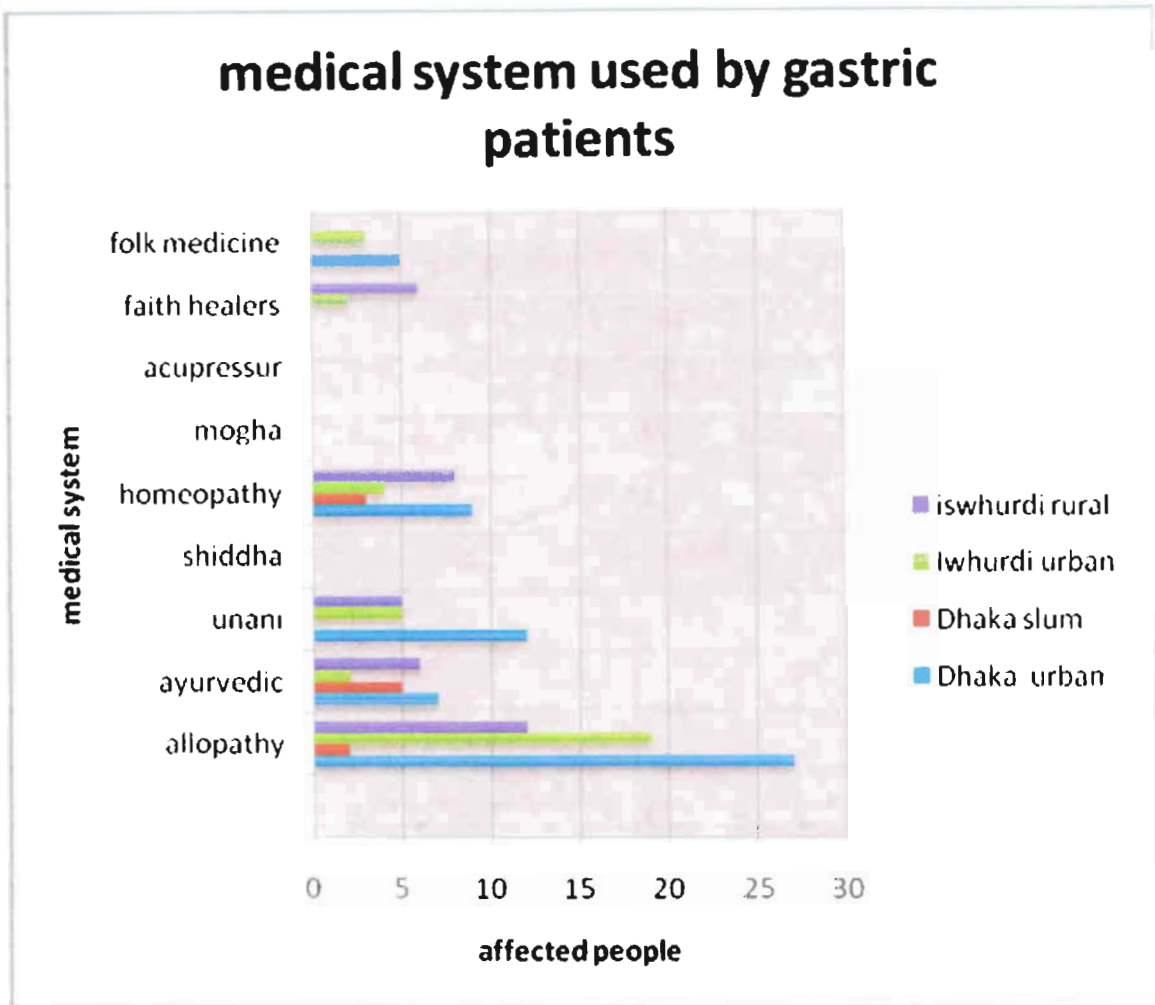


Diagram 10: medical system used by Gastric Patients

5.4.3 Comparative study on type of medical system used by the arthritis patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural.

There were total 78 no of people who suffer from arthritis. Most of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. For arthritis disease most of the people use combination medical system they use allopathy with faith healers drug like tabij, different oil . Someone use ayurvedic with folk medical system. For back pain total 37no of people use allopathy.17 no of people use ayurvedic.11no of people use unani, 6 no of people use homeopathy.acupressue use 2 no of people 11 no of people use faith healers.17 no of people use folk medicine .

Table 11: Medical system used in last three month for back pain and arthritis

Diseases	Medical system used in last three month	Dhaka urban	Dhaka slum	Iswhurdi urban	Iswhurdi rural	total
back pain/arthritis	Allopathy	12	0	16	9	37
	Ayurvedic	5	3	3	6	17
	unani	2	4	0	5	11
	shiddha	0	0	0	0	0
	homeopathy	0	0	2	4	6
	mogha	0	0	0	0	0
	acupressure	0	0	0	2	2
	faith healers	4	0	3	6	13
	folk medicine	8	0	4	5	17

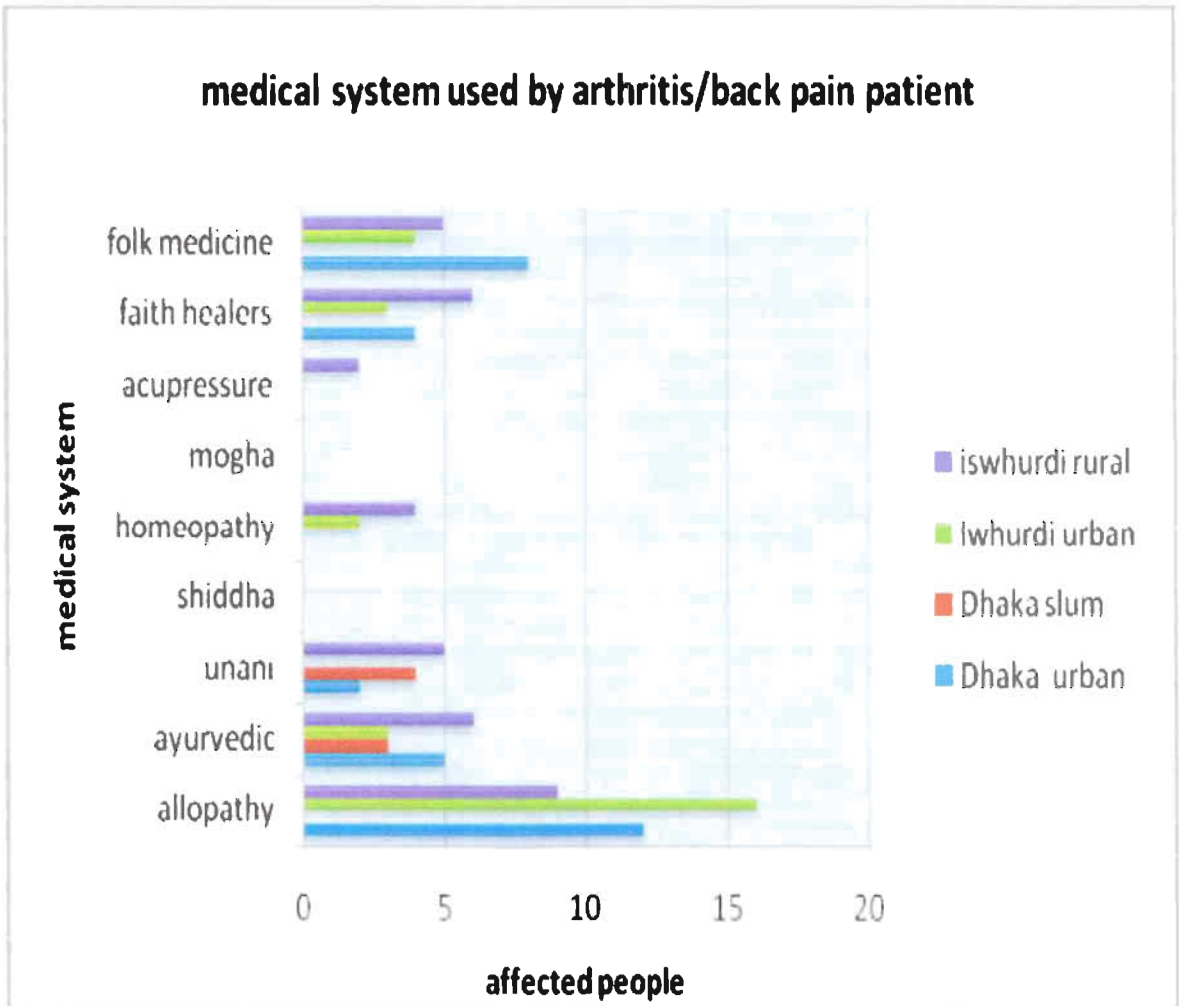


Diagram 11: Medical system used in last three month for back pain and arthritis

5.4.5 Comparative study on type of medical system used by the diarrhea diseases patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural.

There were total 66 no of people who suffer from hear diarrhoea.. Most of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. For heart diseases total 49 no of people use allopathy.2 no of people use ayurvedic. 4 no of people use unani ,19 no of people use homeopathy . 9 no of people use faith healers. 5 no of people use folk medicine

Table 12: medical system used by the people in last three month for Diarrhea

Diseases Diarrhea	medical system used by the people in last three month	Dhaka urban	Dhaka slum	iswhurdi urban	iswhurdi rural	Total
	allopathy	11	12	7	19	49
	ayurvedic	0	0	0	2	2
	unani	0	0	0	4	4
	shiddha	0	0	0	0	0
	homeopathy	0	9	3	7	19
	Faith healers	0	4	0	5	9
	Folk medicine	3	2	0	0	5

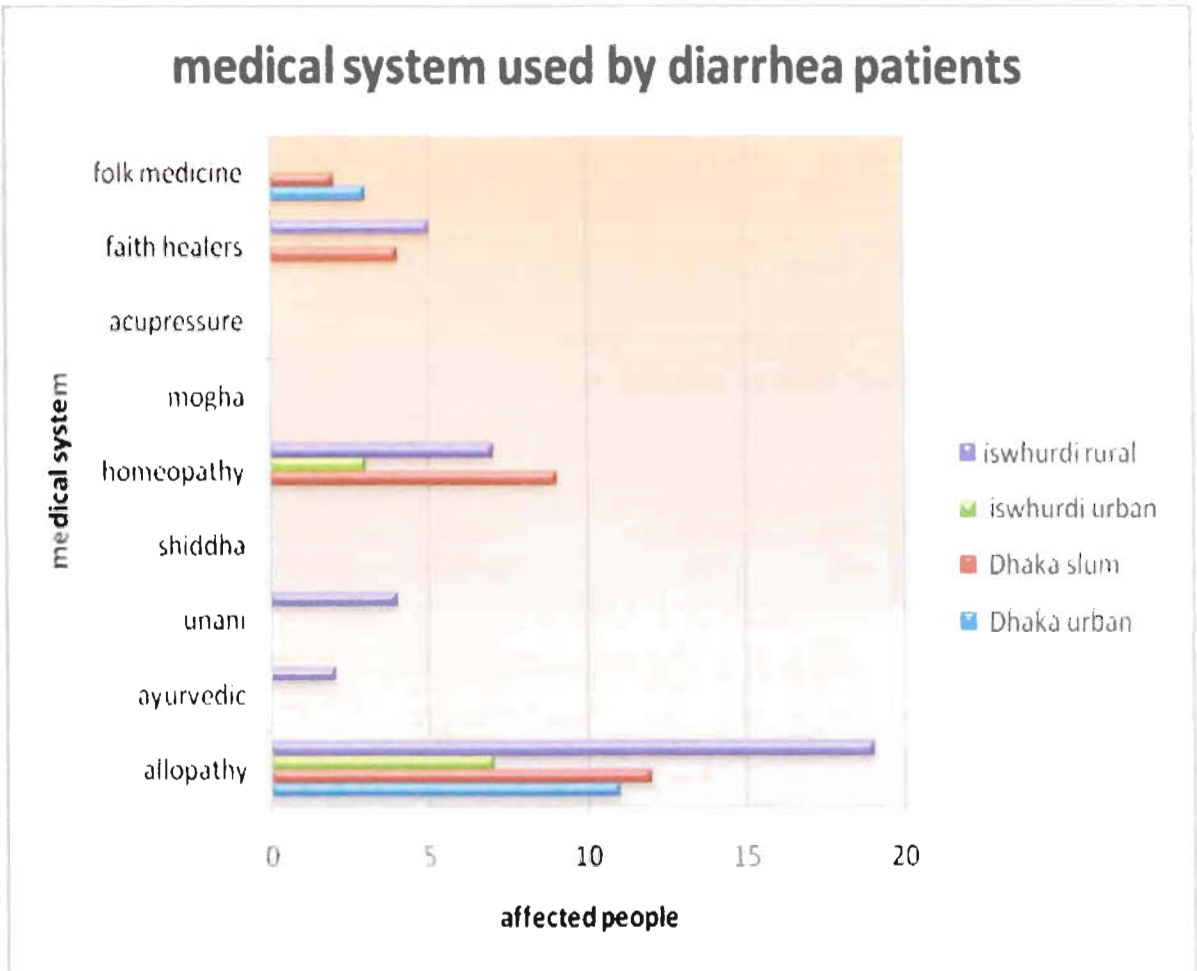


Diagram 12: Medical system used by the people in last three month for Diarrhea

5.4.5 Comparative study on type of medical system used by the cardiac diseases patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural.

There were total 56 no of people who suffer from heart diseses.. Most of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. For heart diseases total 47 no of people use allopathy.2 no of people use ayurvedic. 1no of people use unani ,7 no of people use homeopathy . 9 no of people use faith healers. no of people use folk medicine.

Table13: Medical system used by the people in last three month for cardiac diseases

Diseases cardiac disease	Medical systems	Dhaka urban	Dhaka slum	iswhurdi urban	iswhurdi rural	Total
	Allopathy	23	4	13	7	47
	ayurvedic	0	0	0	2	2
	Unani	0	0	0	1	1
	Shiddha	0	0	0	0	0
	homeopathy	0	2	5	0	7
	Mogha	0	0	0	0	0
	acupressure	0	0	0	0	0
	Faith healers	0	2	3	4	9
	Folk medicine	o	0	0	0	0

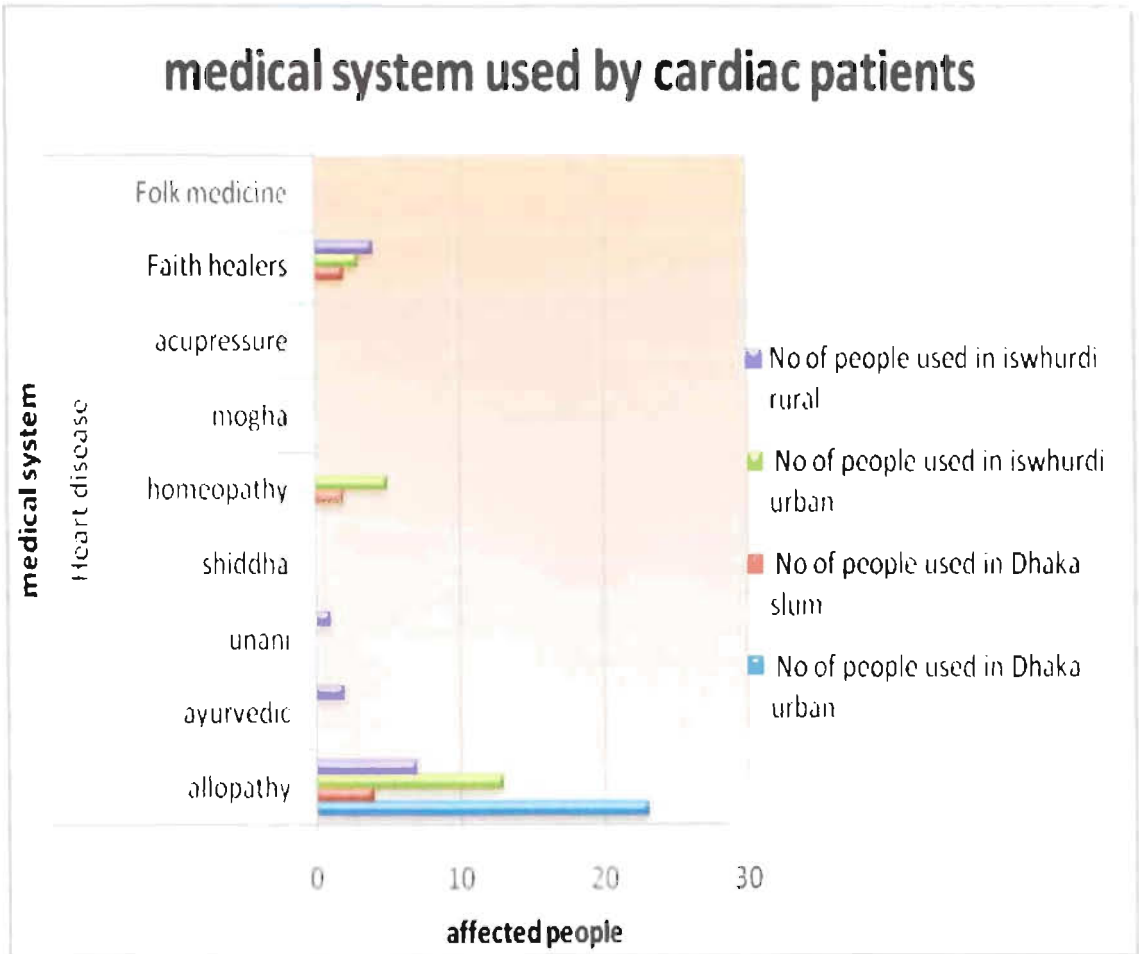


Diagram 13: Medical system used by the people in last three month for cardiac diseases

5.5.5 Comparative study on type of medical system used by the diabetics patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural

There were total 55 no of people who suffers from diabetics. Here some of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. Or some one use poly pharmacy. total 50 people use allopathy.6 no of people use ayurvedic.5 no of people use homeopathy.5 no people use faith healers and no people use folk medical system.

Table 14: Medical system used by the people in last three month for diabetics

Diseases Diabetics	medical systems	Dhaka urban	Dhaka slum	Iswhurdi urban	Iswhurdi rural	total
	allopathy	25	2	21	2	50
	ayurvedic	3	1	0	2	6
	unani	0	0	0	0	0
	shiddha	0	0	0	0	0
	homeopathy	0	2	3	0	5
	mogha	0	0	0	0	0
	acupressure	0	0	0	0	0
	faith healers	0	0	2	3	5
	folk medicine	0	0	0	0	0

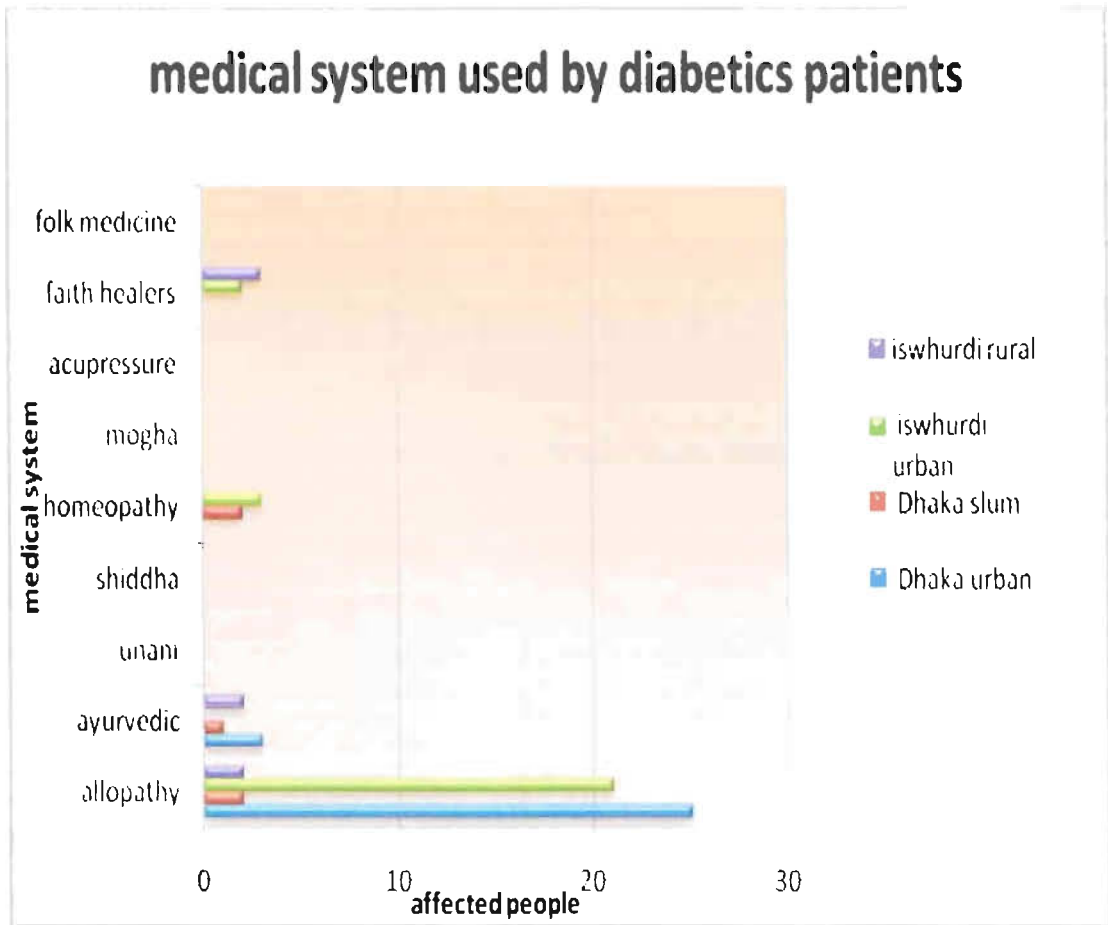


Diagram 14: Medical system used by the people in last three month for Diabetics

5.5.6 Comparative study on type of medical system used by the jaundice patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural

There were total 49 no of people who suffer from diabetics. Here some of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. Or someone use poly pharmacy. Here most of the people use homeopathy. Total 44 no of people use homeopathy.7 no of people use allopathy.6 no of people use ayurvedic.2 no of people use unani.19 no people use faith healers coconut water is very famous here and 3 no of people use folk medical system.

Table 15: Medical system used by the people in last three month for Jaundice

<u>Diseases</u> Jaundice	medical system	Dhaka urban	Dhaka slum	Iswhurdi urban	Iswhurd rural	Total
	allopathy	4	0	3	0	7
	ayurvedic	0	0	2	4	6
	unani	0	0	0	2	2
	shiddha	0	0	0	0	0
	homeopathy	7	9	13	15	44
	mogha	0	0	0	0	0
	acupressure	0	0	0	0	0
	faith healers	5	5	4	5	19
	folk medicine	2	0	1	0	3



medical system used by joundice patients

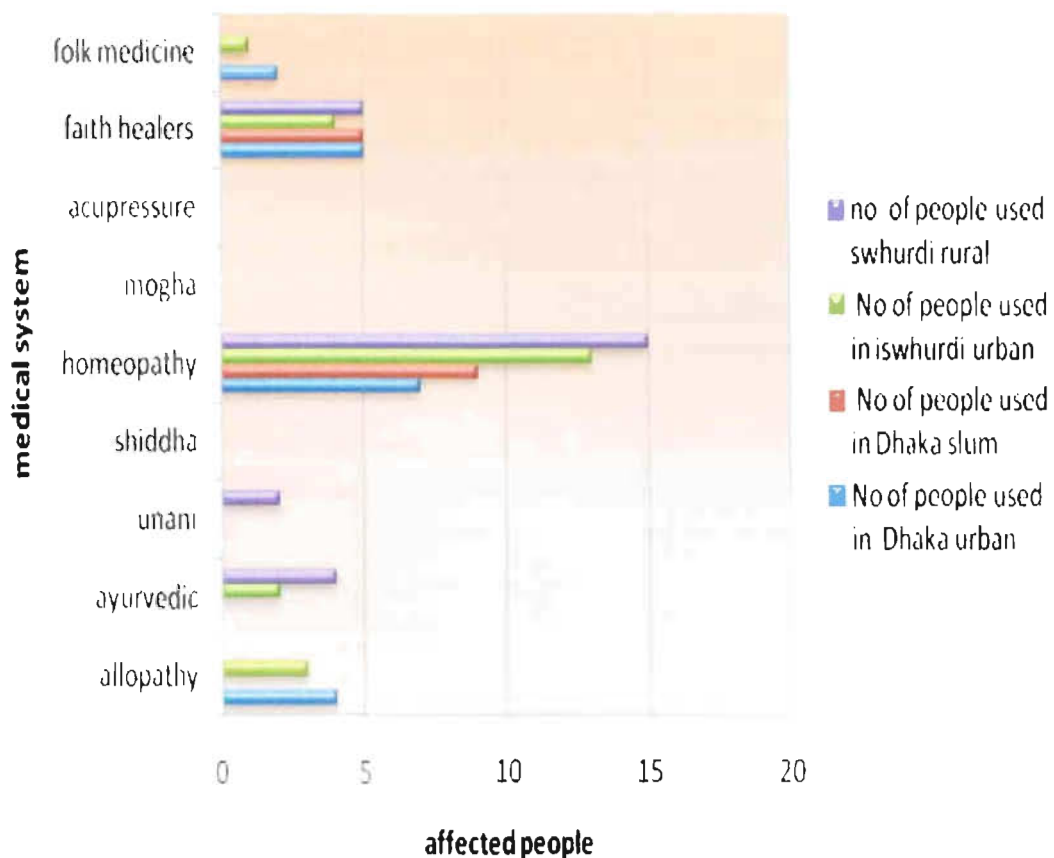


Diagram 15: Medical system used by the people in last three month for jaundice

5.5.7 Comparative study on type of medical system used by the pressure patients among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural

There were total 42 no of people who suffer from diabetics. Here some of them used two type of medical system. When they feel that the medical system that they have used is no more effective then they shift to other system. Someone use poly pharmacy. Total 41 people use allopathy.5 no of people use ayurvedic.3 no of people use unani 4 no of people use homeopathy.1 no people use faith healers and 1 no of people use folk medical system.

Table 16: Medical system used by the people in last three month for pressure

<u>Diseases pressure</u>	<u>medical systems</u>	<u>Dhaka urban</u>	<u>Dhaka slum</u>	<u>Iswhurdi urban</u>	<u>Iswhurdi rural</u>	<u>Total</u>
	allopathy	27	2	12	0	41
	ayurvedic	2	1	2	0	5
	unani	0	1	2	0	3
	shiddha	0	0	0	0	0
	homeopathy	3	0	1	0	4
	mogha	0	0	0	0	0
	acupressure	0	0	0	0	0
	faith healers	0	1	0	0	1
	folk medicine	0	0	1	0	1

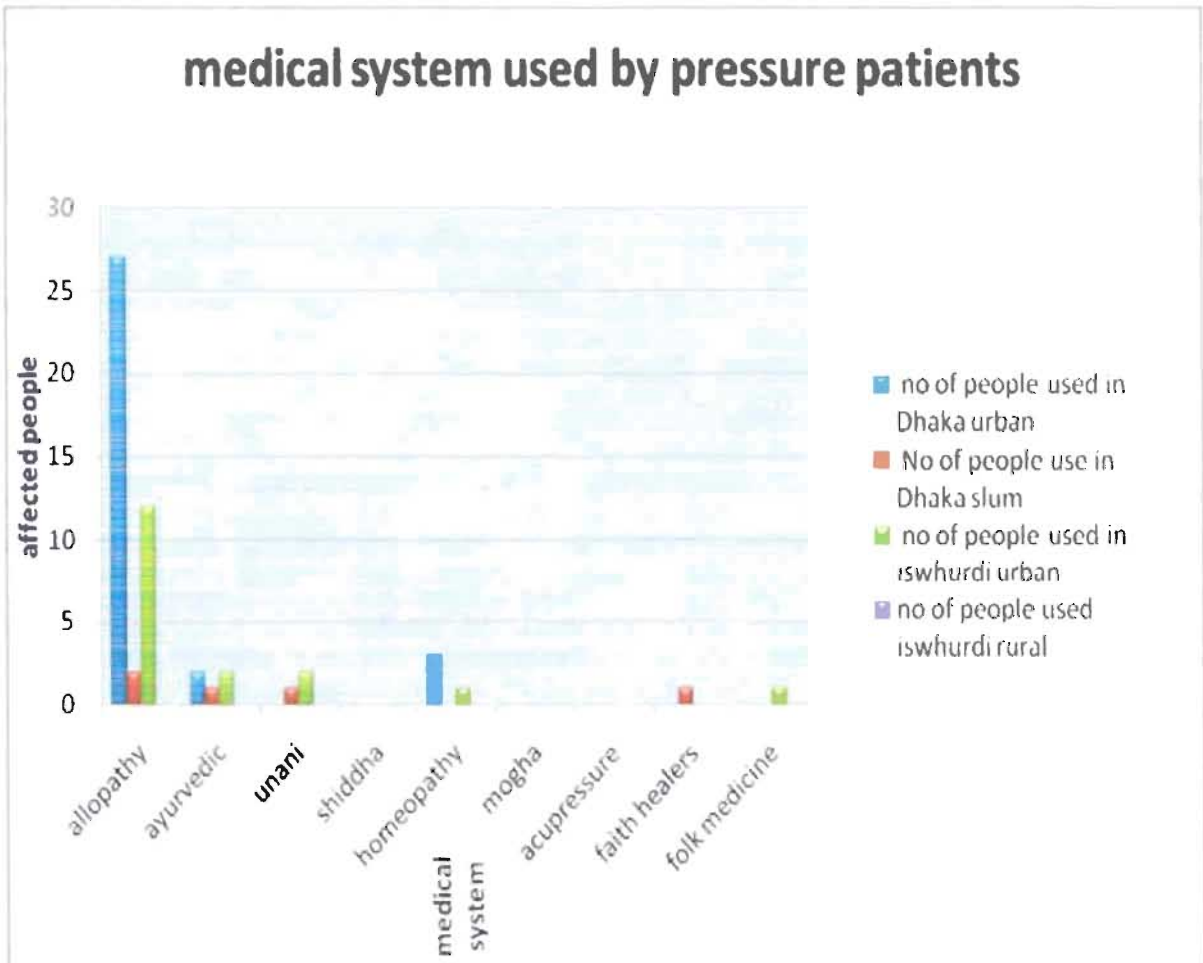


Diagram 16: Medical system used by the people in last three month for Diabetics

5.6 Comparative study on the reason for which people use this medical system among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural

Most of the people use this system for two or three reasons. Around 269 people use this system from belief. 238 no of people use this for acts on target properly. In rural and slum area they concern more about cost. Around 192 no of people use because of less cost. 63 no of people use because of heal quickly. Around 28 people use because of fewer side effects.

Table 17: Reasons behind selecting different Medical systems

why do people use these medical system	people support in Dhaka urban	people support in Dhaka slum	people support in iswhurdi urban	people support in iswhurdi rural	Total
Acts on target properly	112	10	97	19	238
Fewer cost	13	74	14	91	192
heal quickly	10	12	19	22	63
less side effects	0	5	8	15	28
From belief	90	26	87	66	269

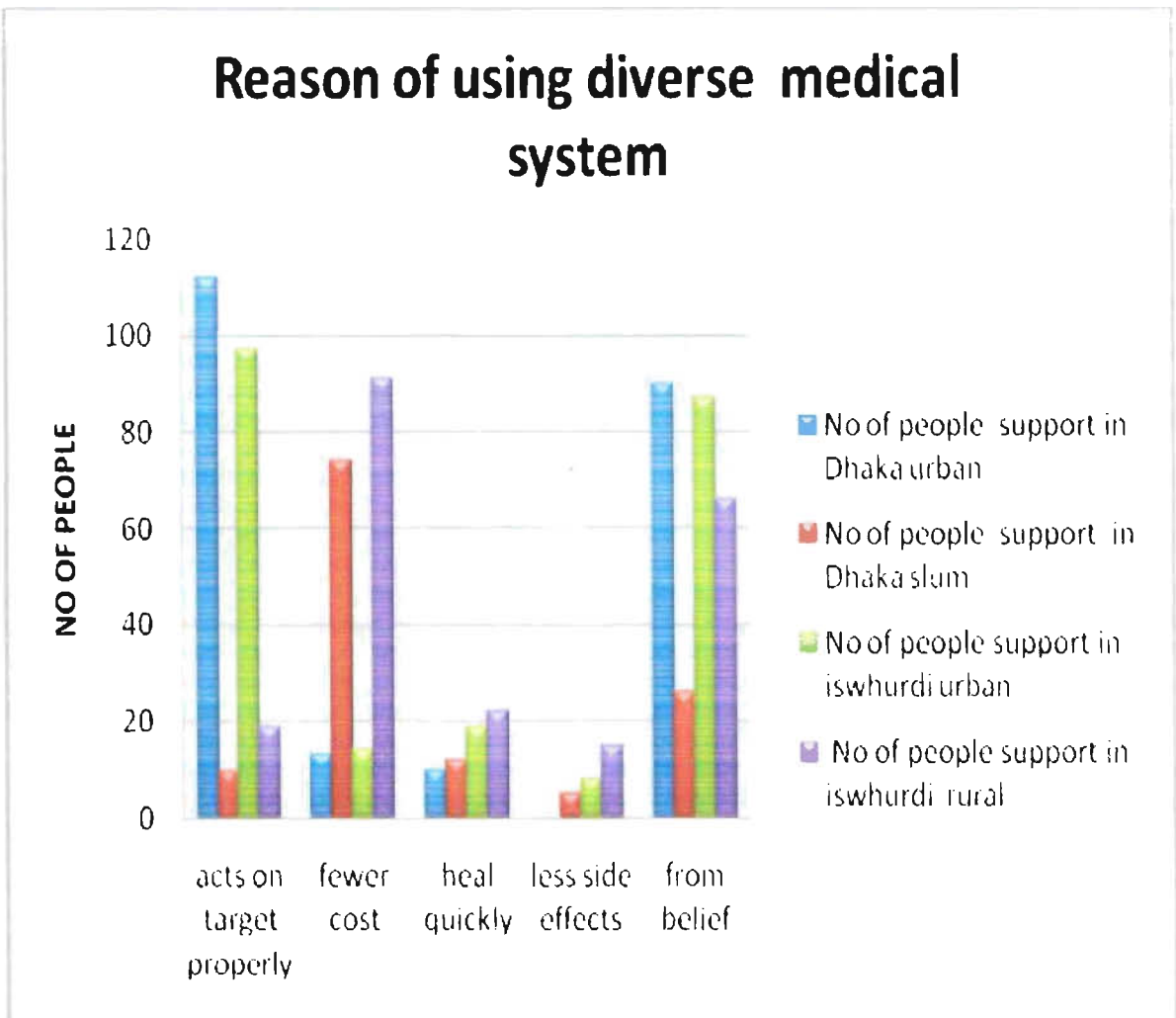


Diagram 17: Reason using diverse Medical systems

5.7 Comparative study on the side effects observed by people among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural people while using this medical system.

Most of the people do not feel any side effects. Around 324 don't feel any side effects .around 312 people not sure about the side effects. Around 64 people told about the side effects.

Table 18: side effects observed by the different people of the different locations

Side effects observe by the people.	people agreed in Dhaka urban	people agreed in Dhaka slum	people agreed in Iswhurdi urban	people agreed in Iswhurdi rural	Total
yes	16	8	19	21	64
No	98	49	92	85	324
not sure	86	43	89	94	312

Efficacy of medical system to cure the diseases

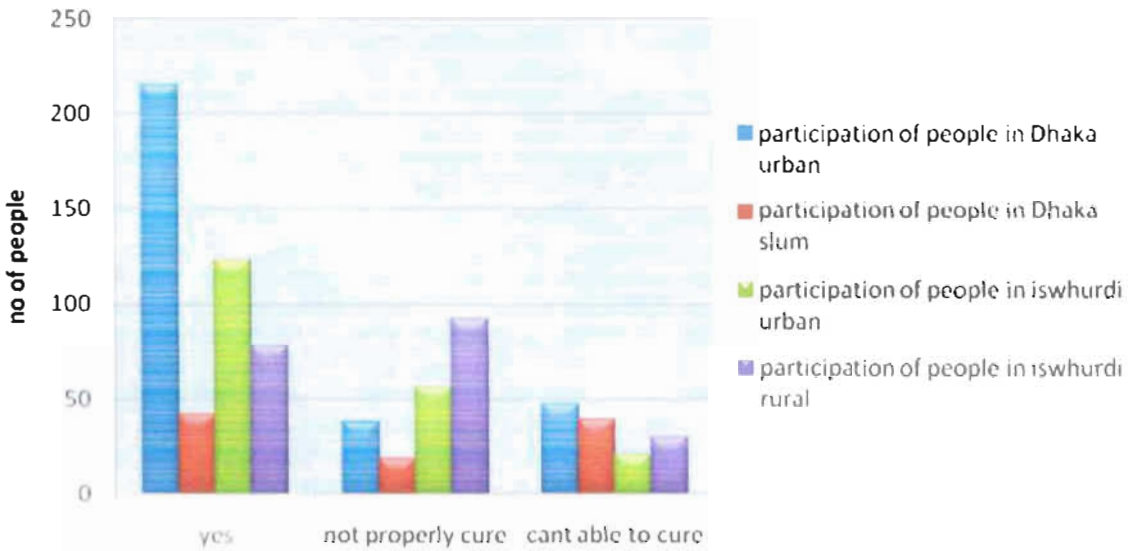


Diagram 19: Efficacy of medical system to cure the diseases

5.9 Comparative study on which type of side effects had observed by people among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural people while using this medical system.

Most of the people feel weakness while taking drugs. In our country most of people live under poverty level. They do not take proper nutrition while taking different powerful drugs. around 22 people feel weakness while taking drugs.16 no of people feel drowsiness .6 no of people had allergy and 10 no of people feel sleeping problem and gastric .gastric mostly occur in patients who take pain killer .

Table 20: Name of the side effects experienced among the people

Name of the side effects that had experience	people affected in Dhaka urban	people affected in Dhaka slum	people affected in iswhurdi urban	people affected in iswhurdi rural	total
Allergy	0	2	0	4	6
headache/drowsiness	4	2	3	7	16
weakness	9	1	8	4	22
sleeping problem	1	2	4	3	10
Gastric	2	1	4	3	10

experienced side effects

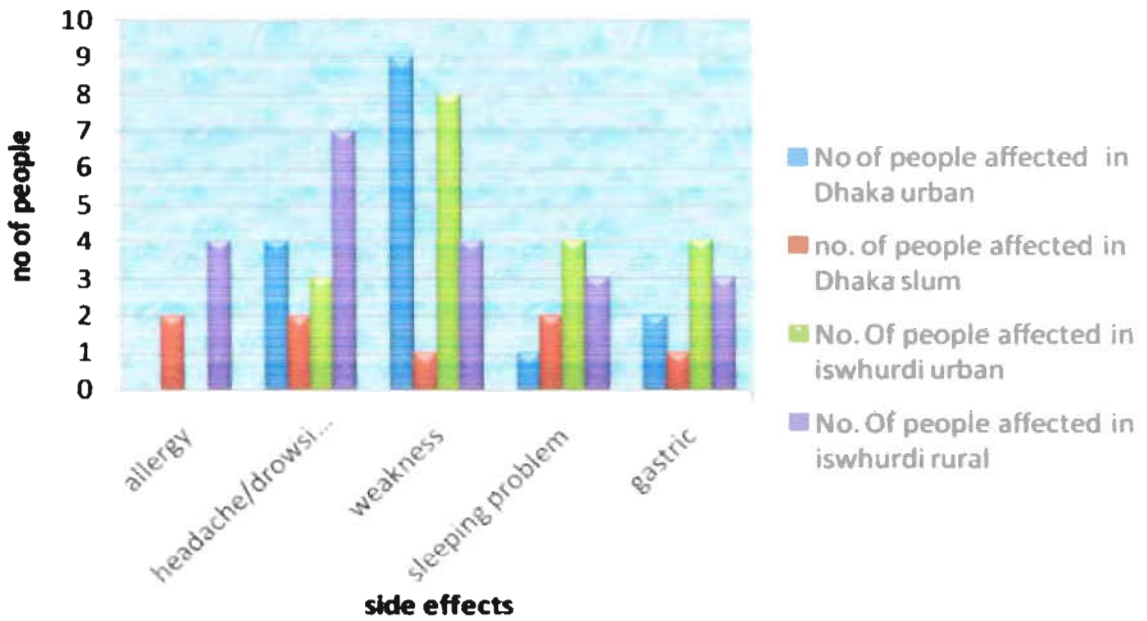


Diagram 21: Name of the side effects observed among the peoples



5.10 Comparative study on the way of thinking by people among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural people about the effect of the traditional medicine on children

Most of the people think that folk medicine is safer for children than modern drug. They feel that modern drug like antibiotic is very powerful drug that may be harmful for children. Around 287 people strongly agreed that folk medicine is safe than modern drug. Around 158 people agree with that. Around 94 people are not sure about this. 106 people think that modern drug is more safe than traditional. And 155 no of people strongly disagree that folk is safe than modern medicine for children

Table 22: people who think that traditional medicine are safer than modern medicine for children

people who think that traditional medicine are safer than modern medicine for children	thinking of people in dhaka urban	thinking of people of dhaka slaum	thinking of people in iswhurdi urban	thinking of people in iswhurdi rural	total
strongly agreed	50	76	38	123	287
Agreed	36	12	67	43	158
not sure	54	10	23	7	94
disagree	39	2	53	12	106
strongly disagree	121	0	19	15	155
Total	300	100	200	200	800

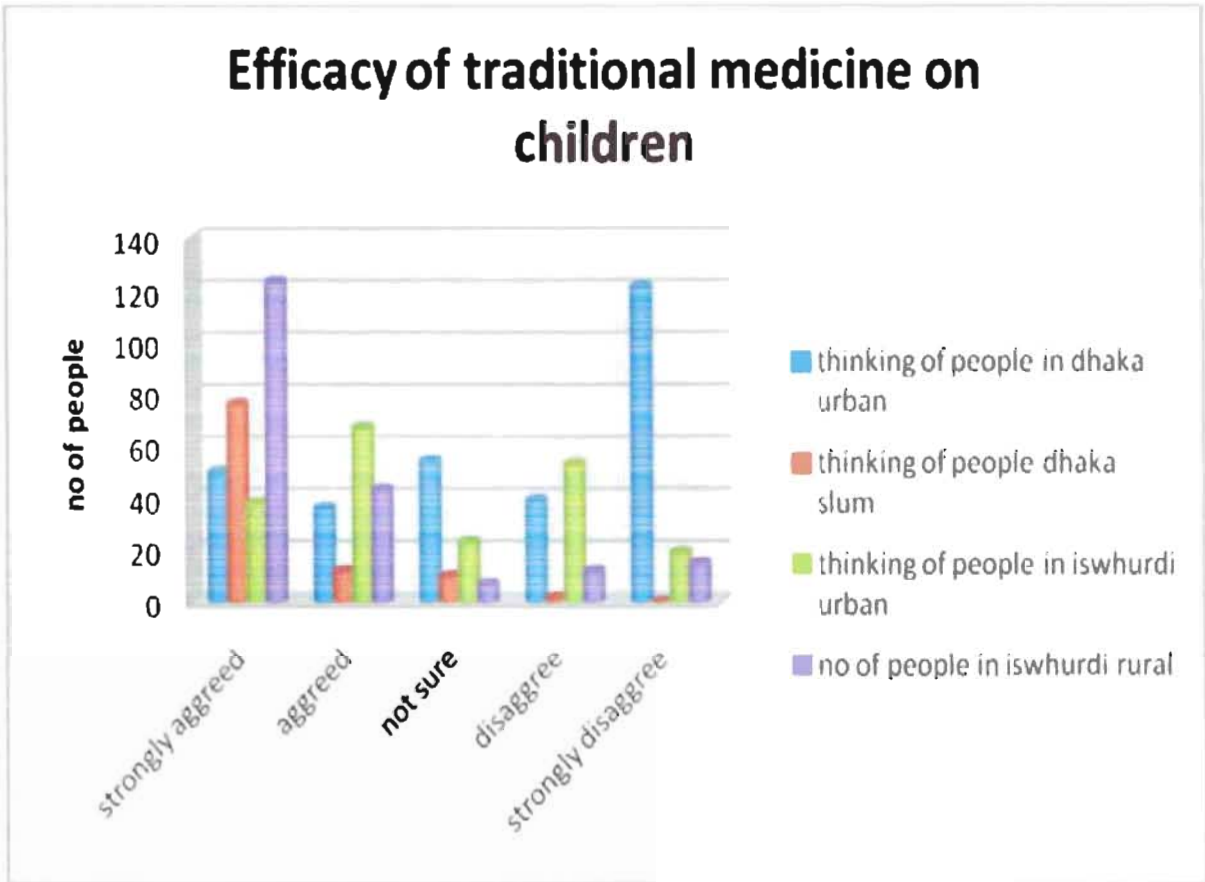


Diagram 22: people who think that traditional medicine are safer than modern medicine for children

5.11 Comparative study on the way of thinking by people among Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural people about the effect of the folk medicine vs. modern medicine

Most of the people think that folk medicine is not safe than modern drug. They feel that folk drug can't cure all diseases.it may also cause many side effects .but it is less costly and easily available. So people use this. Modern treatment is costly. Sometime this economic situation forced to use traditional medicine. In slum and rural area most people think that traditional medicine traditional medicine are safe than modern medicine. Around 398 people disagreed that folk medicine is safe than modern drug. Around 104 no of people strongly disagree with this. Around 89 people are not sure about this.135 no of people think that traditional medicine are safe than modern.74 no of people strongly agree that folk is safe than modern medicine.

Table 23: people who think that traditional medicine are safer than modern medicine

Traditional medicines are safer than modern medicine	Thinking of people in Dhaka urban	Thinking of people in Dhaka slum	Thinking of people in Iswhurdi urban	Thinking of people in Iswhurdi rural	Total
strongly agreed	3	17	12	42	74
agreed	13	56	27	39	135
not sure	29	12	23	25	89
disagree	213	2	104	79	398
strongly disagree	42	13	34	15	104
total	300	100	200	200	800

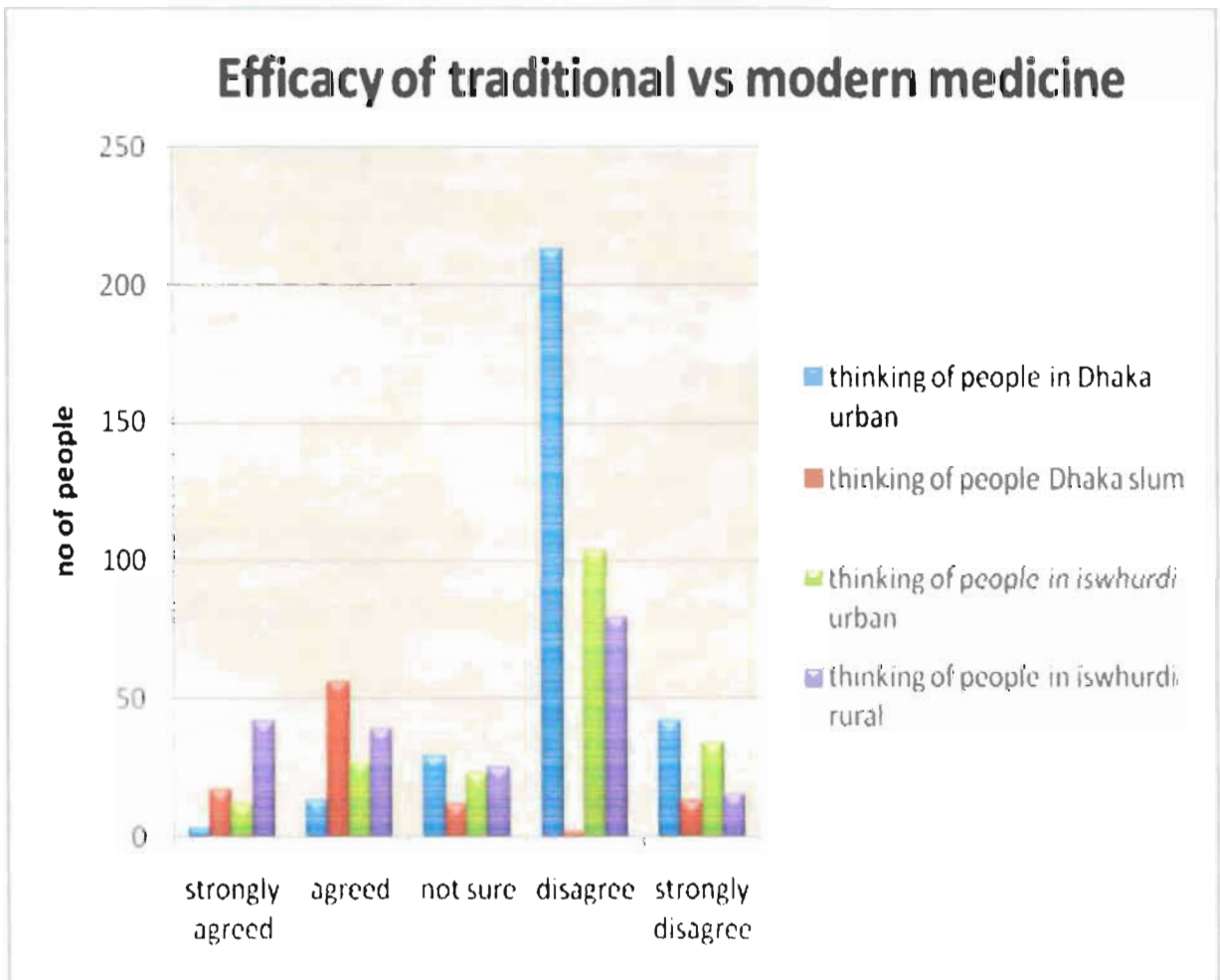


Diagram 23: Efficacy of traditional vs modern medicine

5.12 Comparative study on poly pharmacy that were used among the people of Dhaka urban, Dhaka slum, Iswhurdi urban and Iswhurdi rural people

Here in the research I studied the no. of medical system used by patients for one disease. here I got most patients who use both allopathy and faith healers drug. They use different tabij, wear always some necklace or ring with them to keep them away from devil powers. they actually use to increase their confident level. Sometimes they used to drink juice of different leaves. As I did not get combination of allopathy+homeopathy or allopathy+ayurvedic or unani So, I omitted it from the chart. With the no. of drugs I can compare which type of combination is used more. Sometimes this type of combination may be harmful to health. Drug- Drug interaction is a common problem for this. Around 182 no of people use allopathy+faith healers drug, around 62 no of people use allopathy+folk medicine. Around 31 no of people use ayurvedic+folk medical system, around 30 no of people use unani+faith healers medicine. around 28 no of people use homeopathy+faith healers drug.

Table 24: combination of medical systems that found most among the people

The combination that found most	used by people in Dhaka urban	used by people in Dhaka slum	used by people in iswhurdi urban	used by people in iswhurdi rural	Total
allopathy+faith healers	38	27	52	65	182
allopathy+folk medical system	16	12	15	19	62
ayurvedic+faith healers	5	9	5	12	31
unani+faith healers	0	0	9	21	30
homeopathy+faith healers	4	0	6	18	28
Total					333

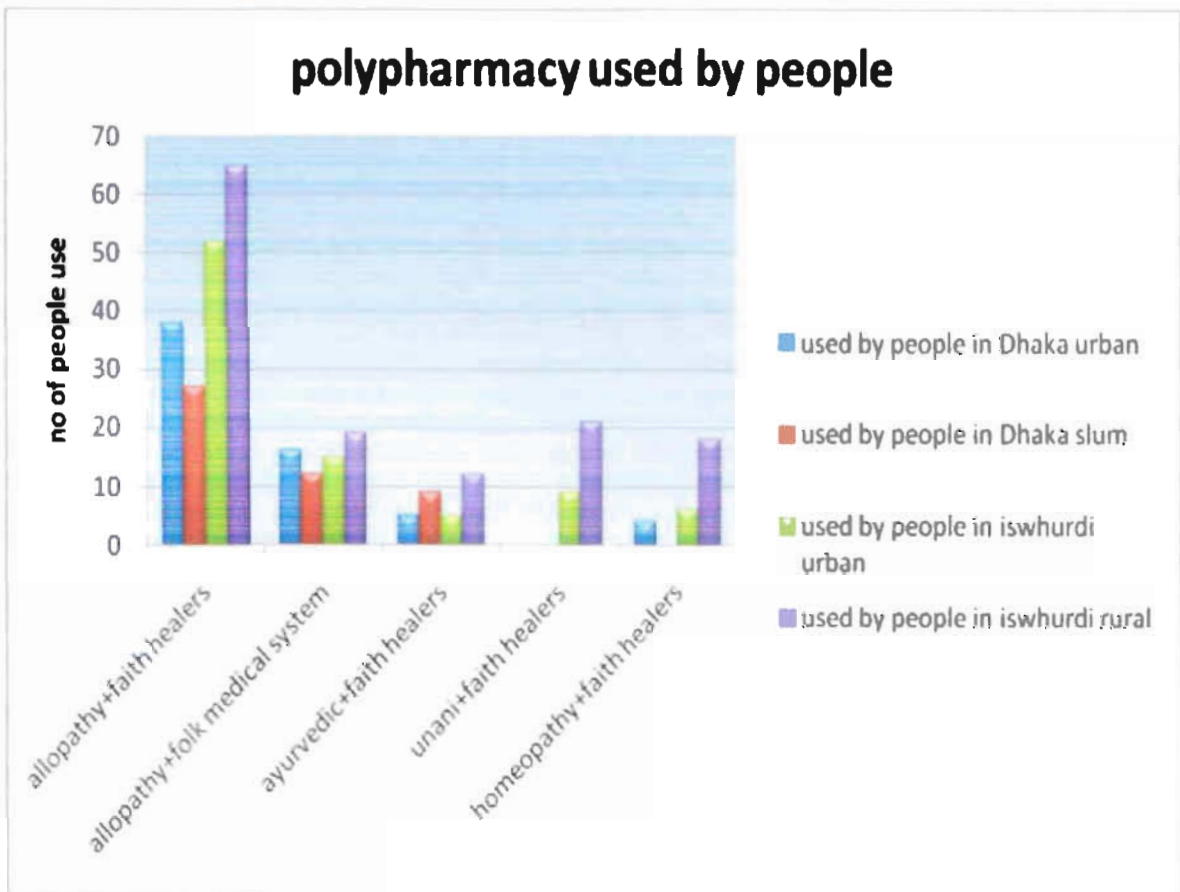


Diagram 24: combination of medical systems that found most among the people

5.13 Monthly Income of the Patients Families

It has been found that. The monthly income is little bit high in Dhaka city because of the life style. This information is quite similar in case of Iswhurdi town. But in slum and rural the patient's life style is not so much high. Related to this information the study has done some work on the monthly income of the patient's families. From the results, the no. of high income group family (tk 1600 &over) was found highest in no. of patients 409. Then poor families with income (up to 7000) were represented by 212 patients. Medium income families (up to Tk 8,000 to 15,000) were represented by 179 patients.

Table 25: Category of subjects based on the monthly income

Category	No of patients in Dhaka urban	No of patients in Dhaka slum	No of patients in iswhurdi urban	No of patients in iswhurdi rural	Total
Low(up to 7000)	0	100	37	75	212
Medium (Tk 8,000-Tk 15,000)	23	0	52	104	179
High (Tk 16,000 & over)	277	0	111	21	409
					800

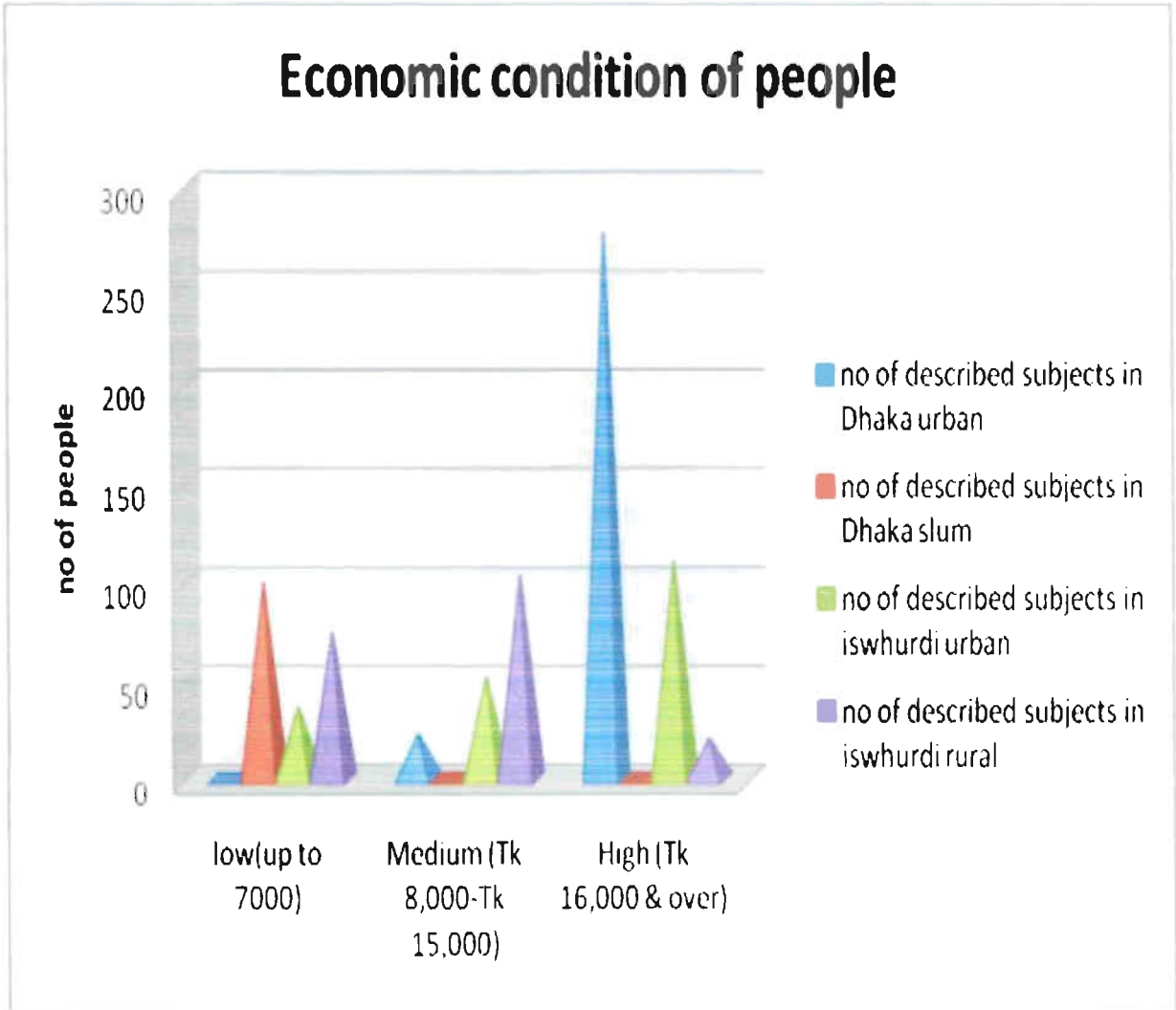


Diagram 25: Category of subjects based on the monthly income

5.14 PROFESSION OF THE PATIENTS

To study the patient's life style their professions are also important. Combining all the areas, no. of students was highest with 209 persons. In the study, 160 were service holders, 83 were labors, 34 were service holders, 71 were unemployed, and 128 were professionals. 13 were unemployed 136 were house wives.

Table 26: Profession of the patients

Profession	Dhaka urban	Dhaka slum	Iswhurdi urban	Iswhurdi rural	Total
Student	135	3	53	18	209
Professional	4	12	47	65	128
Service	104	9	18	29	160
Labor	2	47	13	21	83
Housewife	35	10	48	43	136
Unemployed	17	19	21	14	71
farmer	0	0	3	10	13
					800

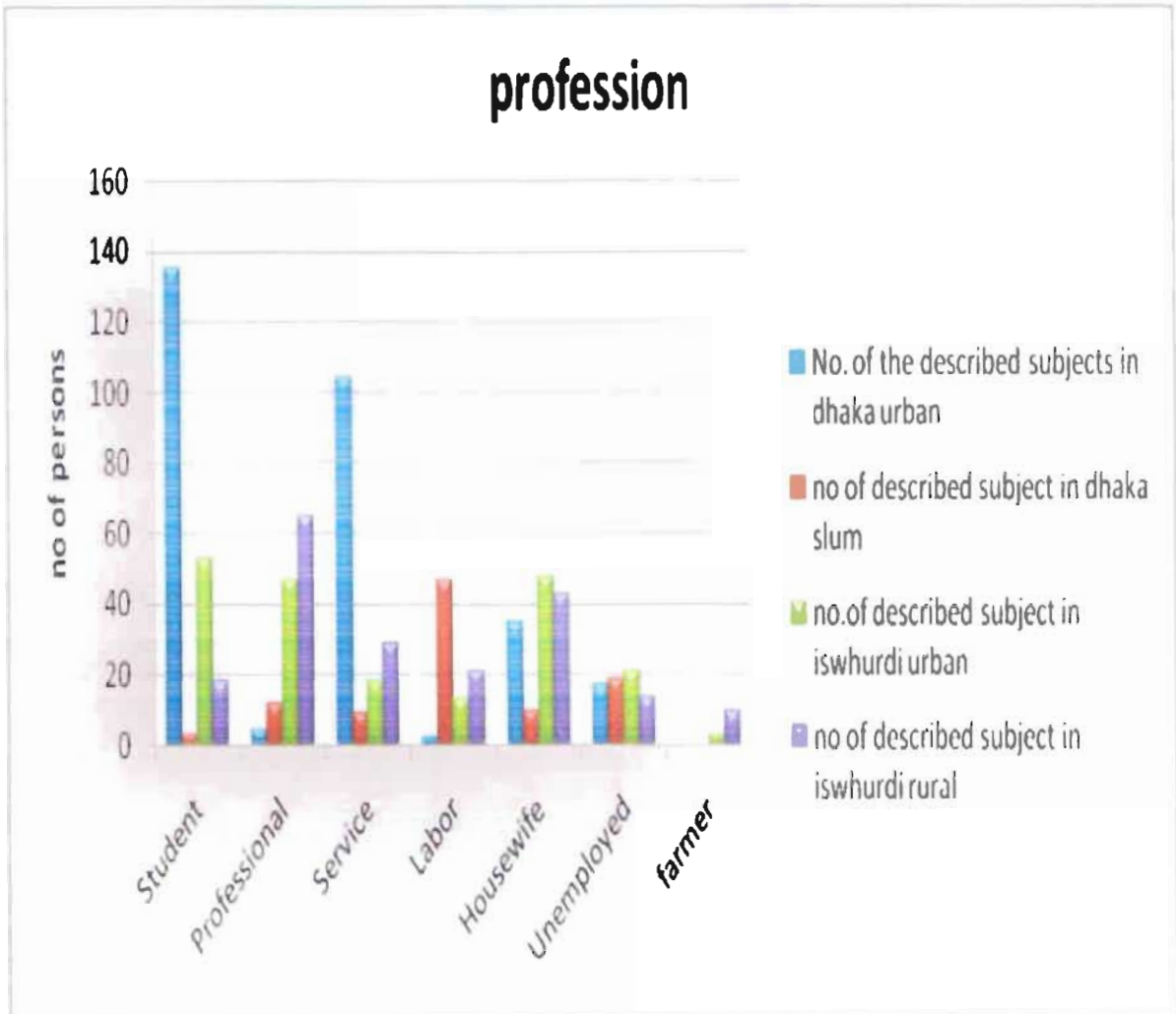


Diagram26: profession of the patients.

5.15 Patients Education Level

Patients education level were also studied by dividing the group into no formal education, primary, secondary, technical/ vocational, higher secondary/ Bachelor and Master/ Ph D. From the result it is evident that 118 patients had no formal education, 98 were primary passed, 127 were secondary passed or was not completed 360 patients were higher secondary passed and 30 were completed Bachelors and 50 patients were Master degree passed. There were 17 described subject from technical and vocational institutions.

Table 27: Patients Education Level

Education level	Dhaka urban	Dhaka slum	Iswhurdi urban	Iswhurdi rural	total
No formal education	0	86	0	32	118
Primary	0	14	12	72	98
Secondary	25	0	46	56	127
Technical/Vocational	0	0	0	17	17
Higher secondary/ Bachelor	248	0	121	21	390
Master/Ph D	27	0	21	2	50
					800

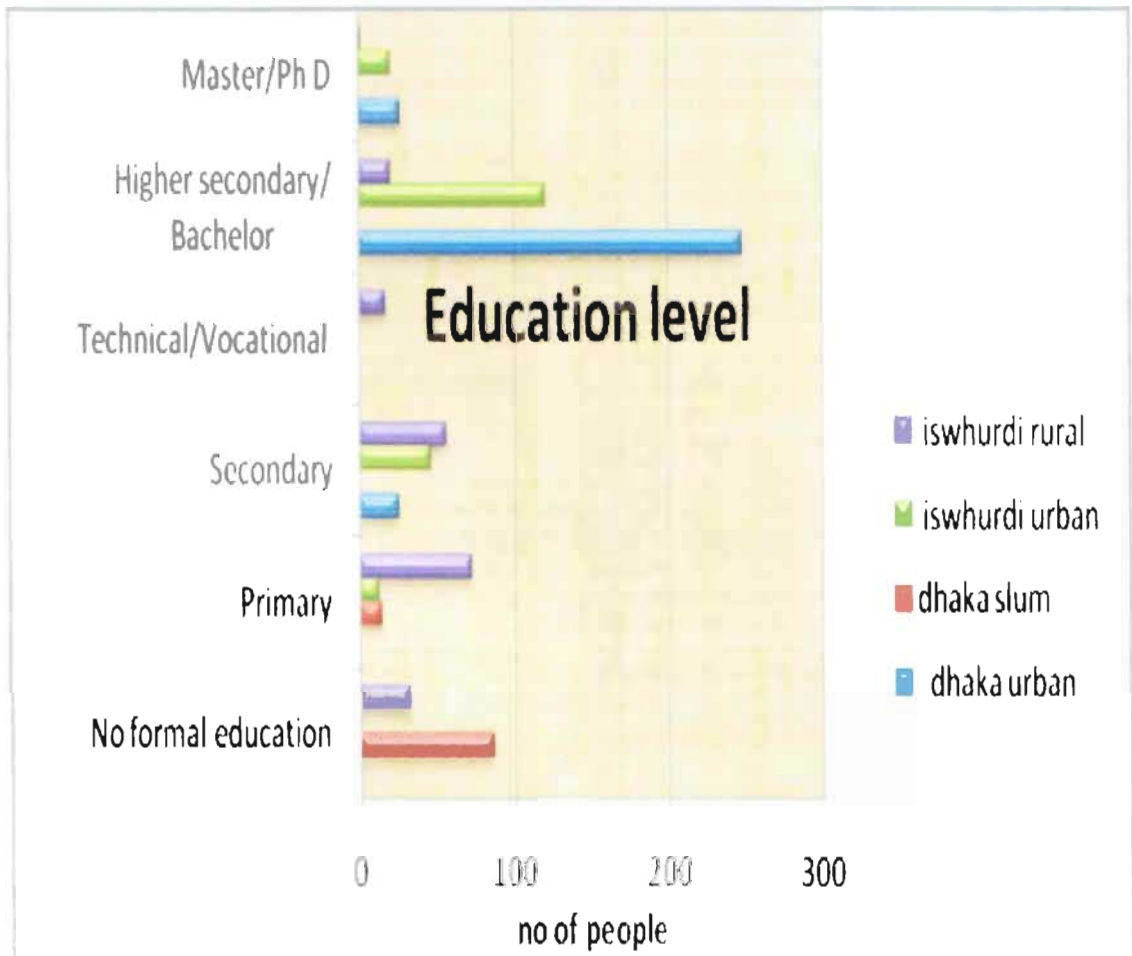


Diagram 27: Patients education level.

Chapter 6

Report Summary

6 Report Summary

Patients were distributed into various age groups. 16-19 age group contained 136 no of patients , 20-29 age group contained 234 no patients , 30-39 age group contained 124 no of patients 40-49 age group contained 165 no of patients, 50-59 age group contained 96 no of patients, and 60 & above group aged contained 45 no of the total patients. Among all of the patients, 61% were female and 39% were male.

Here in the research I studied the name of diseases and the disease that had occurred more in last three month From the survey it was found that, 154 no of described subject had been suffering from cold/fever/cough.66 no of patients had been suffering from diarrhea, 55 no of patients had been suffering from diabetics, 42 no of patients had been suffering from pressure, 117 no of patients had been suffering from gastric,49 no of patients had been suffering from jaundice 56 no of patients had been suffering from cardiac problem and 78 no of people had been suffering from arthritis/back pain.

For cough/fever/cold total 71 no of patients had used allopathy,41 no of patients use homeopathy,17 no of patients use unani and 4 no of patients use ayurvedic. For gastric total 60 no of patients had used allopathy,24 no of patients use homeopathy,22 no of patients use unani and 20 no of patients use ayurvedic For arthrircs total 37 no of patients had used allopathy,6 no of patients use homeopathy,11 no of patients use unani and 17 no of patients use ayurvedic

For diarrhoea total 49 no of patients had used allopathy,19 no of patients use homeopathy,4 no of patients use unani and 2no of patients use ayurvedic

For cardiac problem total 47 no of patients had used allopathy,7 no of patients use homeopathy,1 no of patients use unani and 2 no of patients use ayurvedic. For diabetics total 50 no of patients had used allopathy,9 no of patients use homeopathy and 6 no of patients use ayurvedic For jaundice total 7 no of patients had used allopathy,44 no of patients use homeopathy,2 no of patients use unani and 6 no of patients use ayurvedic

For pressure total 41 no of patients had used allopathy,4 no of patients use homeopathy,3 no of patients use unani and 5 no of patients use ayurvedic.

I did Comparative study on the reason for which people use this medical system here most of the people use this medical system from belief that after using this they become cure, around 269 no of people use this system from belief.238 no of people use this for because acts on target properly. In rural and rural and slum area they concern more about cost. Around 192 no of people use because of less cost.63 no of people use because of heal quickly. Around 28 no of people use because of fewer side effects I did Comparative study on the side effects observed by people while using this medical system.here I got

Most of the people did not feel any side effects. around 324 didn't feel any side effects .around 312 people were not sure about the side effects. around and 64 people told about the side effects.

I did Comparative study on the result after using the medical system by among both urban ,slum and rural areas

Here I got Most of the people became satisfied after using the medical system, around 458 no of people were satisfied about their used medical system. Around 205 no of people were not properly cured. and around 137 no of people were not cure at all after using the medical system.

I did Comparative study on which type of side effects had observed by people while using this medical system.

Here I got Most of the people felt weakness while taking drugs. In our country most of people live under poverty level.they do not take proper nutrition while taking different powerful drugs. around 22 people feel weakness while taking drugs.16 no of people felt drowsiness .6 no of people had allergy and 10 no of people felt sleeping problem and gastric .gastric mostly occur in patients who take pain killer .

I did Comparative study on the way of thinking by people about the effect of the folk medicine on children Here I got Most of the people think that folk medicine is safer for

children than modern drug. They feel that modern drugs are very powerful drug that may be harmful for children. Around 287 people strongly agreed that folk medicine is safe than modern drug. Around 158 people agree with that. Around 94 people are not sure about this. 106 people think that modern drug is more safe than folk medicine. 155 no of people strongly disagree that folk is safe than modern medicine for children. :

I did Comparative study on the way of thinking by people about the effect of the folk medicine vs. modern medicine Here I got Most of the people think that folk medicine is not safe than modern drug. They feel that folk drug can't cure all diseases. it may also cause many side effects .but it is less costly and easily available. So people use this. Modern treatment is costly. Sometime this economic situation forced to use folk medicine. In slum and rural most people think that folk medicines are safer than modern medicine. Around 398 people disagreed that folk medicine is safe than modern drug. Around 104 no of people strongly disagree with this. Around 89 people are not sure about this. 135 no of people think that folk medicine are safe than modern. 74 no of people strongly agree that folk is safe than modern medicine.

I did Comparative study on poly pharmacy that had been used among the people in both rural and urban and slum areas. Here in the research I studied the no. of medical system used by patients for one disease here I got most patients who use both allopathy and faith healers drug. They use different tabij, wear always some necklace or ring with them to keep them away from devil powers .they actually use to increase their confident level. Sometimes they used to drink juice of different leaves .Around 182 no of people use allopathy+faith healers drug, around 62 no of people use allopathy+folk medicine. Around 31 no of people use ayurvedic+folk medical system, around 30 no of people use



Chapter 7

Conclusion

7. Conclusion

The main aim of Health care system is to provide people with proper medical and other healthcare services but Health care system in Bangladesh has not yet gained all the strength to provide best medication to the patients. On the other hand technologically advanced highly sophisticated equipment, Well-educated and professionally trained experts are needed to practice modern medical system. So to maintain this it becomes costly. For this most of the People do not get sufficient health service from government and a large number of Bangladesh's people, particularly in rural or slum areas, remained with no or little access to health care facilities. In Bangladesh, the government healthcare system remains a very minor source of health care for rural households. Traditional medicine is more acceptable In the common people, particularly those of the developing countries, partly because of their lower prices than modern medicine and partly due to the fact that traditional medicine is deeply rooted in their cultures. But the problems of traditional system that mostly unlicensed and unregulated retail outlets diagnose and treat illnesses despite having no formal professional training. . To improve living conditions these two healthcare services should work side by side to treat people because only public sector can't handle all citizens in Bangladesh.

The following recommendations can be suggested based on the present study on modern and traditional medical system:

- ▶ Adequate number of physicians should be available in rural areas.
- ▶ Proper guidance should be provided for all persons related to health care professions.
- ▶ Negligence towards patients should be avoided.
- ▶ The tendency of physicians to absence from duty should be controlled.
- ▶ Unwillingness of doctors to stay at rural areas and small towns should be changed.

- ▶ Establishment of Drug Information Center, under a community or under a hospital.
- ▶ Doctor, pharmacist and nurses should provide all necessary drug information to the patients while prescribing, dispensing or administering the drugs respectively.
- ▶ Monitoring, evaluation & survey of Alternative Medical Care Services.
- ▶ Continuation of Alternative Medical Care Services (Including manpower, Orientation/workshop/ Training (Local / Overseas) Study Tour/ BCC Activities, fellowship etc.
- ▶ Training the traditional and untrained health care providers will be a wise option to ensure health care to the villagers.
- ▶ Creation and maintenance of herbal garden at District and Upazilla level Hospitals
- ▶ Supervision, audit and feedback of health care management system to be implemented.
- ▶ Public education and awareness about medicines and their safe and unsafe uses to be provided nationally in various media...
- ▶ Mass media like radio, television and newspapers can be used to create awareness and to educate the consumers about rational drug uses.
- ▶ Participation of local and international NGOs are necessary to promote high quality and rational use of drugs.

From the study I got many diseases that most occurs because of various reasons.

Probable seasons of the diseases are:

- ❖ Frequent change in seasons
- ❖ Take fast food more specially in urban areas.
- ❖ Not to take food timely
- ❖ Take too much spicy and oily food,
- ❖ Obesity
- ❖ Not doing exercise
- ❖ Taken unhygienic foods
- ❖ impure water ,air and overall the environment
- ❖ Genetic damage
- ❖ Unhygienic sanitary
- ❖ Malnutrition

A suggestion to avoid the occurrence of the diseases:

- ❖ Should practice good quality life.
- ❖ Should take food timely.
- ❖ Not to take fast food more.
- ❖ Doing exercise regularly for at least half an hour
- ❖ Should take hygienic foods
- ❖ Should access to pure water.
- ❖ Should avoid alcohol, cold drinks, smoke
- ❖ Should use hygienic sanitary.
- ❖ Proper nutrition should be maintained
- ❖ Government should take proper steps to control the adulteration in foods which is one of the reasons of genetic damage.
- ❖ Besides this people who are involve in this food business should become ethical by increasing their moral values.

- ❖ The most important is proper education that helps us to maintain good quality life.

Research or study on healthcare system or any scientific matter cannot come to an end after one or two approaches. More and more work should progress on health status and medical system. But only study works are not the solution to improve the healthcare system or living condition of people.

Chapter 8

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Chapter 9

Annexure

জরিপ : বিভিন্ন ওষুধ পদ্ধতির ব্যবহার

১ম অংশ : স্বাস্থ্য পরিস্থিতি ও ব্যবহার

১. গত ৩ মাসের মধ্যে আপনি কোন্ অসুখে কোন্ চিকিৎসা পদ্ধতির ওষুধ ব্যবহার করেছেন? (একাধিক উত্তর হতে পারে)

অসুখের নাম	চিকিৎসা পদ্ধতি
ক.	কোড
খ.	কোড
গ.	কোড
ঘ.	কোড
ঙ.	কোড

কোডসমূহঃ (১) এলোপ্যাথী, (২) আয়ুর্বেদী বা কবিরাজী, (৩) সিদ্ধা, (৪) ইউনানী বা হাকিমী, (৫) হোমিওপ্যাথী, (৬) মধ্য শাস্ত্রীয়, (৭) আকুপাংচার, (৮) আকুপ্রেসার, (৯) ন্যাচারোপ্যাথী, (১০) চাঁদশী ক্ষত চিকিৎসা, (১১) বেদে বা ওঝা ইত্যাদি দিয়ে চিকিৎসা, (১২) তাবিজ, ঝাড়-ফুক, পানিপড়া, তেলপড়া, চালপড়া, তদ্বিগ ইত্যাদি, (১৩) পারিবারিক লোকজ চিকিৎসা, (১৪) কোন চিকিৎসাই নয়।

২. আপনার মতে উপরোক্ত চিকিৎসা পদ্ধতি ব্যবহারের কারণ কি? (একাধিক উত্তর হতে পারে)

- (১) ভাল কাজ করে (২) কম খরচ (৩) তাড়াতাড়ি সাবায়
(৪) কম পার্শ্বপ্রতিক্রিয়া (৫) বিশ্বাস থেকে

৩. উপরোক্ত চিকিৎসায় আপনার অসুখ কি ভাল হয়েছিল? (একাধিক উত্তর হতে পারে)

ক.	হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটোও নয় <input type="checkbox"/>
খ.	হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটোও নয় <input type="checkbox"/>
গ.	হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটোও নয় <input type="checkbox"/>
ঘ.	হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটোও নয় <input type="checkbox"/>
ঙ.	হ্যাঁ <input type="checkbox"/>	তেমন নয় <input type="checkbox"/>	মোটোও নয় <input type="checkbox"/>

৪. ওষুধগুলো পেতে আপনার কত খরচ হয়েছিল? (আসল মোট মূল্য) (একাধিক উত্তর হতে পারে)

- (ক) কোড _____ ট _____ (খ) কোড _____ ট _____ (গ) কোড _____ ট _____
(ঘ) কোড _____ ট _____ (ঙ) কোড _____ ট _____

৫. এসব ওষুধ সম্পর্কে আপনি কোথায় শুনেছিলেন? (একাধিক উত্তর হতে পারে)

- (১) বন্ধু (২) প্রতিবেশী
(৩) পরিবার (৪) চিকিৎসক
(৫) দোকান (৬) হাট-বাজার
(৭) পত্রিকার নিবন্ধ/ ম্যাগাজিন/ বই (৮) টেলিভিশন/ রেডিও
(৯) পত্রিকার/ ম্যাগাজিনের/ বইয়ের বিজ্ঞাপন (১০) পরিবারের প্রবীণ ব্যক্তি
(১১) ঘরে ঘরে ঘুরে বেড়ানো হকার/ ডাকযোগে বিক্রি (১২) বিক্রয় প্রতিনিধিদের ব্রশিওর/ লিফলেট
(১৩) বিনামূল্যে প্রদত্ত স্যাম্পল (১৪) বিল বোর্ড/ পোস্টার
(১৫) ধর্মীয়/ সামাজিক অনুষ্ঠান/ বই (১৬) ওয়ার্কশপ/ সেমিনার

৬. ওগুলো ব্যবহারকালে কোন পার্শ্ব-প্রতিক্রিয়া হয়েছিল কি? যদি হয়ে থাকে সেগুলো কি কি? (একাধিক উত্তর হতে পারে)

- ক. হ্যাঁ, _____, না নিশ্চিত নই
খ. হ্যাঁ, _____, না নিশ্চিত নই
গ. হ্যাঁ, _____, না নিশ্চিত নই
ঘ. হ্যাঁ, _____, না নিশ্চিত নই
ঙ. হ্যাঁ, _____, না নিশ্চিত নই

৭. আপনার মতে লোকজ ওষুধ কি আধুনিক ওষুধের চাইতে নিরাপদ?

- (১) খুবই একমত (২) একমত (৩) নিশ্চিত নই
(৪) একমত নই (৫) মোটেও একমত নই

৮. আপনার মতে শিশুদের চিকিৎসায় লোকজ ওষুধ কি আধুনিক ওষুধের চাইতে নিরাপদ?

- (১) খুবই একমত (২) একমত (৩) নিশ্চিত নই
(৪) একমত নই (৫) মোটেও একমত নই

২য় অংশ : পটভূমি

৭. উত্তরদাতার বয়স

- (১) ১৬ থেকে ১৯ (২) ২০ থেকে ২৯ (৩) ৩০ থেকে ৩৯
(৪) ৪০ থেকে ৪৯ (৫) ৫০ থেকে ৫৯ (৬) ৬০ থেকে তদুর্ধ্ব

৮. উত্তরদাতার লিঙ্গ

- (১) পুরুষ (২) মহিলা

৯. উত্তরদাতার ধর্ম

- (১) ইসলাম (২) হিন্দু (৩) বৌদ্ধ (৪) খ্রীস্টান
(৫) অন্যান্য _____, অনুগ্রহ করে বিস্তারিত বলুন

১০. উত্তরদাতার পরিবারের মাসিক মোট আয় কত?

- (১) স্বল্প (টাকা ৭,০০০ পর্যন্ত) (২) মাঝারি (টাকা ৮,০০০ থেকে ১৫,০০০)
(৩) উচ্চ (টাকা ১৬,০০০ ও তদুর্ধ্ব)

১১. উত্তরদাতার পেশা

- (১) ছাত্র (২) পেশাজীবী (৩) চাকরি
(৪) শ্রমিক (৫) কৃষক (৬) গৃহিণী (৭) বেকার

১২. উত্তরদাতার শিক্ষাগত যোগ্যতা

- (১) আনুষ্ঠানিক শিক্ষা নেই/অশিক্ষিত (২) প্রাথমিক (৩) মাধ্যমিক
(৪) কারিগরী/ বৃত্তিমূলক শিক্ষা (৫) উচ্চ মাধ্যমিক/ ব্যাচেলর (৬) মাস্টার্স/ ডক্টরেট



জরিপে সহযোগিতার জন্য উত্তরদাতাকে আন্তরিক ধন্যবাদ।

জরিপকারীর নাম :

তারিখ :

জরিপের স্থান :