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**Review Article (AYUSH)**

# On the Significance of Traditional Medicine in India

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## Abstract

**Background**: Although traditional medicine such as AYUSH which are recognised and institutionalised by the Government of India, the propensity to deliver health services to the population as an alternative or complementary medicine is tragically poor as reported by the National Family Health Survey 3 and 4. The picture draws that traditional medicine in India may not have lost its credibility to allopathic medicine but its popularity has significantly diminished. China, on the other hand, has been successful in promoting its traditional Chinese medicine on a large scale. They have conducted clinical studies extensively and have found to be potentially useful for treating various ailments. However in India, the study of traditional medicine has been neglected and as a result, have failed to make an impact in the global market.

**Objectives**: To understand the significance of traditional medicine in contemporary India.

**Materials and methods:** The article analysed the NFHS 3 and 4 data (individual primary data available in SPSS) conducted by the Indian institute of Population Sciences and ORC Macro, and attempt to frame a comprehensive picture on the significance of traditional medicine in India.

**Observation and result:** Despite the popularity of traditional medicine across the world in recent times, the case with India suggests otherwise as only less percent availed health services from traditional medicine.

**Conclusion:** Data from NFHS provided that only a small percentage of people are availing traditional medicine. But in various micro-studies, the contrary is observed. Therefore this could be the result of varying technical definition adopted in the survey or further, it could drag us in to verify the authenticity of the data.

**Keywords:** *Traditional Medicine, Allopathy, AYUSH, Collaborating Center, DAI*

## Introduction

Despite the huge popularity of Indian System of Medicine including Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH) and the larger sub-stratum of folk healing in traditional societies, the NFHS 4 (2015-16) reported a crippled progress of such system of medicine in India. The systems of medicine which came to India from outside and got assimilated in to Indian culture are known as Indian System of Medicine (ISM).[1] The questions therefore largely remain on what has caused the declining acceptance of Indian system of medicine or traditional medicine (TM)? Whether the NFHS sample size is very small to produce a positive result or is this really declining in recent times? The survey therefore drags into the authenticity of data sources of TM in India. However, apart from Government sponsored institutionalise survey such as the NFHS conducted by the International Institution of Population sciences, there are several regional surveys reported in the contrary.[2,3] The rising trend of Ayurveda drugs in Indian Pharmaceutical industries is worth mentioning. Despite such popularity there are reports of adulteration of Ayurveda medicine in Indian market, the traces of harmful chemical present and the in-efficiency of AYUSH are some of the stumbling block in its advancement. TM has also been a subject of debate over its safety and efficacy.

Apart from AYUSH there are large numbers of healers in the folklore stream who have not been recognised under any category. In order to popularised, research activities are being carried out by Central Council for Research in Ayurveda and Siddha and similar councils for Unani, Homeopathy, Naturopathy and Yoga. ISM especially Ayurvedic drugs are marketed in various forms. There are more than 8500 manufacturers of

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Ayurvedic drugs in India, suggesting the significance of Ayurveda. Siddha system of medicine is also practiced in some parts of South India especially in the State of Tamil Nadu.[4] Unani medicine has its origin from Greece believed to have been established by the great physician and Philosopher during 460-337 BC.[5]

Even though traditional medicine is fraught with shortcomings and criticism, nevertheless they have been reported to provide health services as complementary medicine especially in developing societies in India and around the globe. As the importance of TM was realised, the year 1995 took a turning point when the Department of Indian System of Medicine and Homeopathy was set up under the ministry of Health and Family Welfare, and re-named as Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH) in November 2003 with a view to providing focussed attention to development of Education and Research in AYUSH systems. The research based on the data collected by the National Family Health Survey 3 and 4 in India broadly suggest that households utilising traditional health services in India are extremely poor. This goes against the WHO findings where 80 percent utilised traditional health services in many societies. Therefore, the pertinent question regarding the authenticity of the data remains. However data on population receiving pregnancy related services from Traditional Birth Attendant (TBA) in the last five years preceding the survey suggests the popularity of TBA.

Therefore the study attempts to analyse the significance of TM in India in recent times employing the individual NFHS Data.

## Methodology

The data for the study primarily comes from the individual data of household and kids file who are five years before the survey (NFHS 4) conducted in India in the year 2015-16. The Ministry of Health and Family Welfare, Government of India designated the International Institute of Population Sciences, Mumbai as the nodal agency for the survey. In the study, household data covered a representative sample of 601,509. The data is derived from the questionnaire *"when members of household get sick, where do they generally go for treatment"*? Various sources are provided and the options given for TM are treatment received from Vaidya/ Hakim/ Homeopath and traditional healers. The intricate part in this is the conceptualisation of practices under AYUSH that is designated as Indian System of Medicine by the government and not as traditional medicine. But here the context is from the viewpoint at global scenario (WHO) where besides allopathic/biomedicine, all other medical systems including Chinese medicine, AYUSH, Acupuncture, Tibetan medicine, Black Folk Medicine of Ghana, African herbalist/voodoo etc. are known to be traditional medicine. In addition, paediatric case records are utilised to establish the significance of TM with regards to treatment of diarrhoea and fever/cough. TM is therefore computed utilising the variable for treatment received from AYUSH of both the public and private sector and from Traditional healers. AYUSH from public sectors are those recognised by the government which are available in Hospitals and Primary Health Centres, whereas, private AYUSH are those which are not under the government but are certified to practice as private establishment. Traditional healers are those medical systems which are still not recognised but are popularly established by the tribes and other backward societies in traditional areas. However there are confusions regarding government certified AYUSH practitioners as traditional medicine. The simple logic as mentioned above considered all medicine such as AYUSH of public/private sector and folk healers which are categorically mentioned as traditional healers in NFHS are all distinguished as traditional medicine at global scenario. Therefore in this study, all practices rendered through government employed and certified private practitioners of AYUSH as traditional medicine are considered. Furthermore NFHS 3 of 2005-06 is also referred for comparative analysis at temporal level.

## Observations

Table 1, provides the percentage of household receiving medical care from Traditional medicine at State level. It is reported that services rendered by traditional medicine in India is insignificant in most state of the country. However there are states reporting above the national average. Jharkhand and Bihar indeed reported a higher figure of 4.0 and 3.1 percent compared to other states in India.

While most of the states in India reported a small fluctuating percent figure during NFHS 3 and NFHS 4, there are states which reported a steady improvement in the utilisation of health services catered by TM. The state of Bihar is worth mentioning as it reported drastic improvement increasing from 0.9 percent to 3.1 percent during 2005-06 to 2015-16.

**Table 1: Percent distribution of Household Members receiving Health Care from Traditional Medicine State wise distribution**

| Name of the States | 2005-06* | 2015-16 |
|---|---|---|
| Andaman and Nicobar Islands | NA | 0.2 |
| Andhra Pradesh | 0.1 | 0.3 |
| Arunachal Pradesh | 0.2 | 0.2 |
| Assam | 0.8 | 0.1 |
| Bihar | 0.9 | 3.1 |
| Chandigarh | NA | 0.3 |
| Chhattisgarh | 1.7 | 0.9 |
| Dadra and Nagar Haveli | NA | 0.3 |
| Goa | 0.1 | 0.3 |
| Gujarat | 0.0 | 0.1 |
| Haryana | 0.1 | 1.5 |
| Himachal Pradesh | 0.3 | 1.3 |
| Jammu and Kashmir | 0.1 | 0.2 |
| Jharkhand | 3.4 | 4.0 |
| Karnataka | 0.1 | 0.6 |
| Kerala | 1.2 | 1.1 |
| Lakshadweep | NA | 0.1 |
| Madhya Pradesh | 0.3 | 0.8 |
| Maharashtra | 0.1 | 0.1 |
| Manipur | 0.4 | 0.4 |
| Meghalaya | 0.6 | 0.5 |
| Mizoram | 0.3 | 0.0 |
| Nagaland | 0.6 | 0.3 |
| Delhi | 0.2 | 0.2 |
| Odisha | 1.7 | 0.3 |
| Puducherry | NA | 0.2 |
| Punjab | 0.3 | 0.9 |
| Rajasthan | 0.4 | 0.4 |
| Sikkim | 0.1 | 0.0 |
| Tamil Nadu | 0.2 | 0.2 |
| Tripura | 0.5 | 0.1 |
| Uttar Pradesh | 0.6 | 1.0 |
| Uttarakhand | 0.3 | 0.6 |
| West Bengal | 2.5 | 1.7 |
| Telangana | NA | 0.2 |
| Total | 0.7 | 0.9 |

*Source: IIPS & ORC Macro, 2005-06, 2015-16. *The data for UTs have not been analysed due to low case in 2005-06*

Himachal Pradesh which has a sizeable ST population reported a mere 0.3 percent but dramatically increased to 1.3 percent indicating a positive response in recent times. Jharkhand which also has a sizeable tribal population, and the highest percent among all states in India also reported a steady increased during a span of ten years.

On the contrary, there are also states in India which reported a steady decreased from NFHS 3 to NFHS 4.

Most prominent are states including West Bengal which decreased to 1.7 percent in 2015-16 from 2.5 percent during 2005-06. Chhattisgarh, Odisha, Tripura, Mizoram, Nagaland etc. also reported a negative picture towards the utilisation of TM.

According to socio-economic demographic background characteristics, it is reported that the poorest population availed more health services from TM. On the basis of age of household head there is reported that the age-group below 20 has a high proportion receiving treatment from TM. According to religion it is reported than the Hindus availed more health services from TM compared to Muslims and Christians. Obviously rural population will utilised more TM than urban population where various allopathic and AYUSH are available. Also female reported slightly more health care services from TM compared to male population (Table 2).

Children below 5 years of age across states took the treatment for Diarrhoea and fever especially from traditional medicine. Even as India reported a mere 1.6 percent receiving treatment of fever and 1.5 percent for diarrhoea from TM, they vary across states. The highest percent comes from the state of Tripura followed by Lakshadweep, Kerala, Dadra and Nagar Haveli, West Bengal, Assam and Bihar (Table 3).

In order to ensure the significance of TM in India, we analysed the illness of Diarrhoea and fever receiving treatment from TM across States in India. While the figure for India as a whole is minuscule (1.5%), the large percentage of diarrhoea receiving treatment from TM includes states of Kerala and Assam with a percent figure of 8.1 and 7.3 percent. Bihar, Jharkhand and West Bengal also reported a sizeable population receiving Diarrhoea treatment from TM. Table 3 shows that Assam has a sizeable population treating Diarrhoea and fever by TM. With regard to fever the UT of India-Dadra Nagar Haveli has more cases of fever only. On the other hand, the state of Kerala reported a high percent receiving treatment for Diarrhoea and fever through TM. Lakshadweep has a sizeable percentage receiving health care from TM especially for fever, but for Diarrhoea there was not even a single case. Amongst all the states in India, Tripura reported the highest percent receiving health care from TM for both ailments.

Health care services received from DAI and Traditional birth attendant (TBA) at state level was also analysed. The state of Jharkhand reported the highest percent figure of 37.4 percent. This is followed by Bihar with a figure of 32 percent. The state of Meghalaya also has a large share (29 %) receiving health care from DAI/TBA, whereas the national average is 18 percent only (Table 4).

**Table 2. Distribution of Household members receiving Health Services from Traditional Medicine according to Background Characteristics**

| Background Characteristics | | Percent |
|---|---|---|
| Wealth Index | Poorest | 1.7 |
| | Poorer | 0.8 |
| | Middle | 0.6 |
| | Richer | 0.5 |
| | Richest | 0.7 |
| Type of Caste/Tribe of head of household | Caste | 1.0 |
| | Tribe | 0.6 |
| | No caste/tribe | 0.4 |
| | DK | 0.7 |
| Age of household head | Below 20 | 1.5 |
| | 20-29 | 0.9 |
| | 30-39 | 0.9 |
| | 40-49 | 0.8 |
| | 50-59 | 0.8 |
| | 60 and above | 1.0 |
| Religion | Hindu | 0.9 |
| | Muslim | 0.8 |
| | Christian | 0.4 |
| | Others | 0.9 |
| Type and place of residence | Urban | 0.6 |
| | Rural | 1.0 |
| Sex of Head of Household | Male | 0.9 |
| | Female | 1.0 |
| Total | | 0.9 |

**Table 3. Children below 5 years of age receiving diarrhoea and fever treatment from Traditional Medicine by State.**

| | Traditional Medicine | |
|---|---|---|
| | Diarrhoea | Fever |
| Andhra Pradesh | 0 | 0.3 |
| Arunachal Pradesh | 0 | 0 |
| Assam | 7.3 | 3.9 |
| Bihar | 4.1 | 3.5 |
| Chandigarh | 0 | 0 |
| Chhattisgarh | 1.0 | 1.1 |
| Dadra and Nagar Haveli | 0 | 7.4 |
| Daman and Diu | 0 | 0 |
| Goa | 0 | 1.2 |
| Gujarat | 1.4 | 0.9 |
| Haryana | 1.0 | 1.2 |
| Himachal Pradesh | 1.6 | 1.9 |
| Jammu and Kashmir | 0.1 | 0 |
| Jharkhand | 3.2 | 3.1 |
| Karnataka | 0 | 0.8 |
| Kerala | 8.1 | 6.8 |
| Lakshadweep | 0 | 6.9 |
| Madhya Pradesh | 1.0 | 1.1 |
| Maharashtra | 0.2 | 0.1 |
| Manipur | 1.6 | 0.4 |
| Meghalaya | 0.8 | 2.0 |
| Mizoram | 0.4 | 0.1 |
| Nagaland | 0.8 | 0.2 |
| Delhi | 0.6 | 0.4 |
| Odisha | 1.9 | 2.7 |
| Pu ducherry | 0 | 1.8 |
| Punjab | 0.6 | 0.6 |
| Rajasthan | 0.9 | 0.7 |
| Sikkim | 0 | 0 |
| Tamil Nadu | 1.1 | 0.7 |
| Tripura | 7.7 | 11.3 |
| Uttar Pradesh | 1.1 | 1.2 |
| Uttarakhand | 1.0 | 1.1 |
| West Bengal | 4.4 | 6.2 |
| Telangana | 0 | 0.5 |
| Total | 1.5 | 1.6 |

## Discussion

Traditional Medicine in India may not have lost its credibility to allopathic medicine but its popularity has significantly diminished. Although efforts to establish a modern, state-controlled and financed system of education and research in Ayurveda and Unani medicine began about 70 years ago[5], these systems of medicine is yet to expand and develop as an alternative medical system in India. As seen from the study a very small percentage of households in India received health services from TM, indicating that most of the health services are met by allopathic medicine from both private and public sectors. "In China, on the other hand, traditional medicine based on thousands of years of history is still practiced far from the frenzy of pharmaceutical geniuses and their seemingly conflicting cures, and has been able to skirt the expense and profit driven motives of western medical doctors and pharmaceutical industries".[6] The classical Chinese pharmacopoeia describes a large number of herbal formulations that are used for the treatment of a wide variety of diseases. This therapeutic approach is ignored by many and

**Table. 4. Pregnancy related health services received from DAI/Traditional Birth Attendant in the last five years preceding the survey**

| State | Percent |
|---|---|
| Andaman and Nicobar Islands | 3.9 |
| Andhra Pradesh | 5.1 |
| Arunachal Pradesh | 10.8 |
| Assam | 18.4 |
| Bihar | 31.9 |
| Chandigarh | 6.2 |
| Chhattisgarh | 25.2 |
| Dadra and Nagar Haveli | 9.9 |
| Daman and Diu | 9.1 |
| Goa | 1.2 |
| Gujarat | 10.4 |
| Haryana | 17.2 |
| Himachal Pradesh | 18.2 |
| Jammu and Kashmir | 17.6 |
| Jharkhand | 37.4 |
| Karnataka | 3.8 |
| Kerala | 0.0 |
| Lakshadweep | 0.0 |
| Madhya Pradesh | 20.0 |
| Maharashtra | 6.3 |
| Manipur | 15.4 |
| Meghalaya | 29.0 |
| Mizoram | 10.0 |
| Nagaland | 6.8 |
| Delhi | 11.4 |
| Odisha | 7.6 |
| Puducherry | 0.0 |
| Punjab | 5.7 |
| Rajasthan | 11.0 |
| Sikkim | 0.4 |
| Tamil Nadu | 0.1 |
| Tripura | 16.2 |
| Uttar Pradesh | 24.3 |
| Uttarakhand | 25.3 |
| West Bengal | 13.2 |
| Telangana | 6.4 |
| Total | 17.9 |

considered to be an alternative to conventional medicine by others. The scientific proof and clinical validation of these herbal formulations requires a rigorous approach that includes chemical standardisation, biological assays, animal models, and clinical trials.[7] Traditional Chinese Medicine (TCM) has developed ultimately into an alternative health care system with great success in clinical experimentation. They have been successful in promoting its therapies with more research and science-based approach, while Ayurveda still needs more extensive scientific research and evidence base.[8] China has conducted extensive clinical studies in TCM and has found to be potentially useful for treating various ailments. Bao-En Wang reported that TCM is still being extensively used for treatment of liver disease in China having great potential in the treatment of chronic hepatitis B.[9] Yuan R and Yuan Lin also examine relevant studies on the use of traditional Chinese medicines for the treatment of such diseases as bronchial asthma, atopic dermatitis, and irritable bowel syndrome.[7] However, in India there have been consistent problems of the assessment of safety and efficacy. The country is sitting on a gold mine of well-recorded and traditionally well-practised knowledge of herbal medicine[3] but it is not able to utilise and promote traditional system of medical knowledge unlike China because clinical studies in this field have not been undertaken extensively. Research organisations and universities have neglected the study of potential medicinal plants because of lack of facilities. Other factors for the low profile of Indian traditional medicine in the world market are adulteration of herbal products from India and improper harvestation of medicinal plants[3]. Plant samples in the market are stored under undesirable conditions over the years, and often contain a mixture of other plant species.[10] Due to this adulteration and altered efficacy, the faith in crude drug promotion has declined. This is one of the major causes of decline of Ayurveda in India and has also adversely affected the global promotion of Indian herbal products. An example to this is that foreign countries like U.S.A. and Canada took Ayurved and Unani medicines off stores and banned their further import after dangerously high levels of heavy metals such as lead, mercury, and arsenic were found in formulations. Unlike China that has several WHO's Collaborating Centres for traditional medicine, India has not been able to set up even a single collaborating centre. A WHO collaborating centre is an institution designated by the Director-General of WHO to form part of an inter-institutional collaborative network set up by WHO in support of its programme at the country, inter-country, regional, interregional and global levels, as appropriate. It participates in the strengthening of country resources, in terms of information, services, research and training, in support of national health development. Its objectives are to promote research & development of traditional medicine systems; to promote studies of herbal remedies used by traditional practitioners, in their ethno-botanical,

medical-anthropological, experimental, pharmacological & chemical & clinical aspects; to collect, document, analyse & disseminate information relating to traditional medicine systems; and to participate with other WHO Collaborating Centres for Traditional Medicine in joint studies aimed at evaluation of national traditional medicine systems. India, therefore need to established its position by joining hands with others for research in the field of traditional medicine.

It is noticeable from the data that poor wealth index, Hindus and Other religions, and Schedule Caste reported a higher percentage of utilisation of TM as compared with other categories. These could be due to various factors such as affordability, belief system, accessibility etc. Since biomedicine lost its stand in the supernatural explanation of diseases therefore even educated people opt for TM in this situation. As mentioned, there is a cost involved in allopath in both the public and private sector. Therefore poorer household depend more on TM because the cost is dearer[11] and moreover traditional healers can be paid in kind and not necessarily in cash.[12] In India although Ayurveda and Unani are closely related to Hindu and Muslim religion but response to these forms of treatment is dismally poor although it is noted highest among the Hindus. Household under schedule caste status reported higher percentage of receiving health care from traditional healer compared with other background characteristics. It is conspicuous that states such as Jharkhand, Bihar, Assam, and Odisha that reported higher percentage in the utilisation of TM are also states that have a higher percentage of ST population (exceptional cases withstanding). The reasons are obviously because of the fact that ST in the country are still today at the ebb of socio-economic development and are generally confined in the periphery areas where allopathic medicine have made little impact. Since modern education, mass media and modern technology are deficient in the forested hilly areas where these people generally inhabited, they do posses a great sense of parochialism. Furthermore this parochial nature lead them a life totally oblivious of the world outside them. Every need is therefore met within their network and thus traditional healers become the main source of health care services. It is well documented that TM is growing popularity particularly in the underserved, remote and tribal areas of the country.[13]

Traditional healers on their part maintain credible relationship with the community. They not only put a cure to the illness but have a holistic view point on the role to be initiated. Unlike the physicians at the hospital, the traditional healer or Traditional Birth Attendant (TBA) considers illness or child birth as not only a biological event, but is viewed holistically with social, ritual and moral significance.[14] The TBA not only provides pregnancy and delivery care but also assists in cleaning the waste after birth, bathing the child and even cooking. As Newman suggested, "the social support mode as opposed to the profession-centred mode is characteristics of most traditional birth systems".[14] The patient, its family background and the illness are altogether seen from its historical and cultural point of view. This 'holism' conveys an added advantage over allopathic medicine. This could be some reasons for the large percentage of women seeking pregnancy related care from DAI/TBA.

There are limitations in the data provided by the NFHS since it does not give a precise picture of traditional medicine. It cannot be proof with certainty that traditional healers dispense only TM because there have been reports that traditional healers also do mixed up their treatment with allopathic drugs. Allopathic antipyretics could be easily administered in the case of fever. Even in home treatment rural folks have gained the special knowledge of administering paracetamol when ill with high body temperature.

Various studies indeed reported the side-effects of allopathic medicine,[15] but few have conducted clinical studies on TM. The effectiveness of TM reigns in many societies because of its spiritual, social, and psychological as well as physical aspects of health and healing which is of a greater degree than in allopathic practice. Dunn also claimed that TM has their foundation in the past just like allopathic medicine, and they are not static but are dynamic. They are based on experimentation; comparisons of the efficacies of different interventions, leading to proof; thus they also cannot be defined as unscientific as believed by allopathic practitioners.[16] Lord Hailey in his African survey in 1939 put forward that "not all the practitioners of native medicine could be called witch doctors and proposed a study of herbs used by some of them, so that they could be incorporated in a list of remedies used by western doctors".[17] Indeed his proposal was realised and therefore biomedicine has now turned to TM, mainly the use of plants as a source for new drugs. Researchers use ethno-botanical information as the clue to which plants are prime candidates for further screening and chemical analysis.[18] To place traditional medicine as an alternative to allopath and also to integrate with allopath was therefore recommended by WHO. However, challenges faced

by WHO is that various TM practices that have been developed in different culture in various regions is without a parallel development of international standards and appropriate methods for evaluating TM.[19] The problem for integration lies in the distrust between the allopathic doctor and the traditional healer,[20] intransigent, exclusive attitudes of both TM and allopathic practitioners, and also the isolationists' attitudes for preserving traditional values on the part of TM practitioners.[21]

Traditional systems of curing illness obscure objectivity and therefore laboratory testing is almost impossible or if can be tested might bring negative results in many cases. However, for traditional societies this system of curing illness can be more affordable, accessible and even more effective for a variety of conditions. For example, traditional chiropractor or bone-setter with a gentle palpation diagnosed the ailment and restore the nerve function by employing manipulation of the body joints without the use of sophisticated technology. The same ailment when treated by allopathic practitioners would be possible with the help of technology and hence will involve costs. This procedure make it complex and time consuming for traditional societies where most of the time they are engaged in primary activities for survival and as a result seek out health services from traditional healers because of its affordability, time saving, accessibility and even for its reliability.

Traditional healers are perceived to be ineffective and criminalising for modern allopathic practitioners. The injustice done to them further diminishes its importance of TM. Laws prosecuting witch doctors are found in many countries[22] but they are indeed the only healers putting an effect to illness caused by witchcraft. Edwin Fuller Torrey in his evaluation regarding the efficacy of 'witchdoctor' in relation to the modern psychiatrist claims that "the evidence regarding the efficacy of therapists in other cultures is instructive. It is almost unanimous in suggesting that witchdoctors get about the same therapeutic results as psychiatrists do".[22] The belief in witchcraft is prevalent in many societies. For example the Azande tribe put every illness and other unwanted events down to witchcraft[23]. This strong belief made its recourse of seeking health care from traditional healers. Traditional systems of curing illness are therefore knitted into a complex whole of traditional knowledge which is subjective and supernatural for science. To prove any events associated with supernatural entities is incomprehensible but they are subjected to personalistic explanations which have a meaning of their own.

## Conclusion

The study indeed suggested that there are other areas of TM that has not been given enough attention especially in rural India where folk healers played a crucial role in providing holistic services by employing spiritual therapies and magico-religious remedies. In societies aetiology of illness is of paramount importance in the choice of treatment. As mentioned most societies identify two major causes of illness; normal/natural and personalistic/ supernatural illness. Witchcraft, demonic possession, evil-eye comes under the supernatural folk classification of illness. In this case folk healers are preferred over allopathic practitioners. Since there are some sections of the population in the country that believe in super naturalistic explanation of disease , the role of folk healers such as shamans, diviners and DAI gain importance in providing treatment. Supernatural causes of illness as believed by traditional societies is considered baseless and fictitious for conventional science, but the techniques employed by traditional healers such as divination technique may be in some cases help to determine prognosis and thus play the part of additional para-clinical analysis. Therefore, in conditions where behavioural, emotional, or spiritual factor plays a major role it would be difficult to argue that the scientific method has produced noticeable improvements. But as we restrict our discussion of TM in India to AYUSH, we have overlooked a major underlying substratum of 'folk' medicine that largely invokes natural and supernatural agents as the cause of illness. The intransigent attitude towards folk healers by bio-medical practitioners and the professionalized Indian system of medicine (AYUSH) terming them as quack only degrade their interest despite rendering an emergency service in places distance to allopath clinic and hospital. In tribal settings of Northeast India folk healers have contributed positive therapeutic services. Observing the current trend of holism in health services in India it is quite reasonable advocating traditional health services as this will decrease the natural cause of illnesses such as bone setting, herbal remedy as antipyretics as well as religious counselling for mentally retarded patients. Lastly we can conclude that the data provided by the NFHS could not be validated in various regional studies in India, which perhaps can be attributed to the definition or the conceptual framework applied in the survey.

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