CULTURAL CONSTRUCTION OF ETHNOMEDICINE IN PAKISTAN

By

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No part of this thesis has been submitted anywhere else for any other degree. This thesis is submitted to the Department of Anthropology, Quaid-i-Azam University, Islamabad, in the partial fulfillment of the requirements for the degree of Doctor of Philosophy in the Field of Anthropology, Department of Anthropology, Quaid-i-Azam University, and Islamabad.

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Farhan Ahmad Faiz

Abstract

Since time immemorial, the prevention of disease, illness, sickness and for maintenance of health, all human societies have developed knowledge of healing. The present research on medical anthropology and health care is particularly appropriate at this wee time as it may be of great value to physicians, epidemiologists, program managers, and other international health professionals. Ethno-medicine is a part of the traditional lore of the community and this secret knowledge about medical plants and magical rituals is always subject to transfer orally through generations, and there were no written documents to store this knowledge in the past. Herbalism as a type of ethno medicine is the knowledge of using the plants and their extracts for the medical purposes.

The study is an attempt to highlight the epidemiological issues in general and herbalist health interventions sought by the respondents of Bhara Kahu town, Islamabad. It further describes the nature of diseases and ailments treated by various ethno medicine practitioners in general and by herbalists in particular. The study finally explored the supporting factors among the respondents as well as healers, which end up reinforcing and sticking to herbalism as a mode of ethno medicine.

The fieldwork for the present study commenced from June 2014 till May 2015. Purposive and convenient sampling techniques were used for the selection of households in order to conduct the socio-economic census (238), for interviewing respondents (238) as well as for conducting case studies of the herbalists (16). Due to pluralistic nature of the data i.e., both qualitative and quantitative, qualitative analysis was done during and soon after the fieldwork through thematic analysis, while quantitative data was coded and then analyzed through Statistical Package for Social Sciences (SPSS) version 25, to obtain frequencies as well as to see the relationship of the variables. The extensive review cited, cover the debates within the health care as fundamental human right, evolution of indigenous health care system, medical anthropology and health care, conceptualizing epidemiological issues and their herbal treatment, socio-economic reasons of seeking herbal treatment, cultural construction of ethno medicine and belief system of health seekers, satisfaction of the patients and nature of diseases and ailments treated by ethno medicine practitioners. Extensive

multidimensional theoretical support has been taken particularly from medical ecological theory and cultural interpretive theory to synthesize a conceptual layout to explore the theoretical propensities of the present research.

The study revealed that inhabitants of the area usually and preferably consult indigenous herbalist for their health issues although Rural Health Centre (RHC) and a few private medical centers and hospitals also exist in the vicinity of the town. Pertinent determinants of seeking recourse from herbalism were easy availability and efficiency of herbs, local terminology and indigenous knowledge of herbs, cheap prices of herbs and increase in inflation, patient's satisfaction from herbalist treatment and side effects of bio-medicine. Other focused causes of seeking herbalist treatment were poverty, chronic diseases and ailments, support of cultural construction and belief system, use of natural herbs, home-processed drugs and herbal drugs amongst other reasons. Case studies of herbalists revealed the dynamics of herbalism as a business enterprise, the role of inheritance and professional skills, their work conditions, strategies of selling herbs, factors for increased patronage of herbalism and self-medication, modes of treatment, toxicity and adverse health effects of herbal medicines. The study lastly suggests effective and less costly ways to achieve a healthy and 'green' life.

ACRONYMS

AJK	Azad Jammu and Kashmir
ANTH	Akbar Niazi Teaching Hospital
AMD	Alternative Medicine Doctor
CAM	Complementary and Alternative Methods
CCU	Critical Care Unit
EPI	Expanded Program on Immunization
FATA	Federally Administered Tribal Areas
HDU	High Dependency Units
ICU	Intensive Care Unit
IIDEAS	Islamabad Institute of Dental Education and Allied Sciences
IV	Into a vein
LPG	Liquefied Petroleum Gas
M. D	Doctor of Medicine
MPH	Masters in Public Health
MBBS	Bachelor of Medicine, Bachelor of Surgery
NGO	Non-Governmental Organization
NICU	Neonatal Intensive Care Unit
ORT	Oral Rehydration Therapy
PECHS	Pakistan Employees Cooperative Housing Society
PPP	Pakistan People's Party
PNC	Pakistan Nursing Council
PIMS	Pakistan Institute of Medical Sciences
PMDC	Pakistan Medical and Dental Council
PCSIR	Pakistan Council of Scientific and Industrial Research

QHRC	Qarshi Herb Research Centre
RHC	Rural Health Centre
RMP	Registered Medical Practitioner
SLF	Sahir Lodhi Foundation
SPSS	Statistical Package for Social Sciences
STD	Sexually Transmitted Disease
TMG	Therapeutic Management Group
TB	Tuberculosis
UTI	Urinary Tract Infection
VHW	Village Health Worker
WHO	World Health Organization
WWF	World Wide Fund

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INTRODUCTION

1.1 The Background

Since time immemorial, health care has been considered in cosmological and anthropological standpoint consisting of magical and religious beliefs. Hence, its awareness assisted in integration and understanding of ancient cultures and civilizations to an extent, that medical history assisted a lot in studying the history of that particular culture. Stutley (1980) argued that ancient physicians were concerned with the physiological effects of music, astronomical events, and religious beliefs, just as they were interested in anatomical structure, surgical techniques or the activities of drugs. Through the Catholicism of their attitude, ancient medicine became the mother of the sciences, the inspiration of humanism, and the integrating force of culture.

Every society, irrespective of its simplicity or complexity has an inter-related set of beliefs and skills of practice regarding health, disease, illness, ailment, injury, suffering and sickness. These culturally concocted notions established physical existence and harmony of health and hygiene within the social milieu. Therefore, for the prevention of disease, illness, sickness and maintenance of health, all human societies have developed knowledge of healing. This knowledge is duly incorporated in the beliefs and skills of healthcare practitioners who were supposed to provide health to illness and efficacy to mysterious causes.

A research on medical anthropology and health care is particularly appropriate at this wee time. With the increasing involvement in addressing the health problems of developing countries, an attempt had been made by anthropologists and other social scientists to strive hard to learn from the experiences of others. They need to take into account specific experiences or case studies in light of relevant ethno medical models and hence deduct general principles of human behavior and societal organization that will aid the effort to improve health. In lieu of it, this dissertation may be of great value to physicians, epidemiologists, program managers, and other international health professionals in order to strategize their interventional health strategies.

Health is an undeniable human right, yet one achieved by few in the developing world in its holistic form. Defined in the Constitution of the World Health Organization as "a state of physical, mental, and social wellbeing and not merely the absence of disease or infirmity," health stands as an important social goal, albeit one hard to measure at either an individual or a societal level. It is often taken for granted and appreciated only in its absence with the occurrence of illness; hence, the tendency persists in most populations to ignore or undervalue actions that promote health or prevent disease and to demand medical services for even mild and self-limited illnesses. Thus, optimal preservation of health requires an active approach on the part of individuals and communities. This approach should recognize the right to health of all members of the population and must include specific actions to support health at an individual and community level. It must also include the broader aspects of development that lead to improvements in quality of life, with an emphasis on health.

The desire to achieve health for all is not new, but it has taken time for sufficient momentum to build to make it an important part of national and international policy. Even now, it is too often national or international rhetoric rather than policy. The objective of "health for all" was included in the World Health Organization Constitution in 1948 and the work of three decades led to the Declaration of Alma-Ata in which "Health for All by the Year 2000" was further established as a rallying cry which most states failed to achieve in its totality and Pakistan stands one of them. Consequently, the current stress on greater equity in health care and health status is an essential ingredient in achieving health for all.

1.2 Traditional Healing System

The primitive medicine though limited in knowledge about body, was always there to provide maximum care and cure where the therapeutic process articulated around knowledge regarding gods, evil spirits, stars and planets. Hence, Park (1997) argued that this super-natural theory of disease encircled around the anger of gods, the invasion of body by evil spirits and the intervening influence of stars and planets. So, the healers' treatment methodology encircled around appeasing gods by rituals and many a sacrifice meant to drive out evil spirits especially witches and demons, from

the body by witchcraft and using charms and amulets to protect the mankind against such endangering natural elements. It is thus obvious that medicine in the prehistoric times (about 5000 BC) was intermingled with superstition, religion, magic and witchcraft, the manipulated shape of which even we find today among the belief system of Indigenous healers as well as among those seeking healing either from healers, medical quackery[1] or Doctors.

Primitive medicine is timeless as one may find its historical existence in many parts of the world in Asia, Africa, Australia, South America, and the Pacific Islands. Although primitive man maybe extinct, their progeny the so-called "indigenous healers" are found everywhere even without demarcation of urban or rural, though one may find such healing more active in rural areas, esp. in Pakistan. These indigenous healers devised and incorporated diverse healing cosmologies, some of which are narrated below:

Massage therapists and the Humoral healers as they are conceived today, possess a great similarity with the Chinese medicine that can be traced back to 2700 BC Pietroni (1991). While developing an analogy of the Acupuncture used in Chinese healing system, it possesses similarity with the gender notions prevailing in the social fabric of the societies where it can be concluded that the philosophical mode of treatment is based on two principles -- the 'yang' and the 'yin'. One may draw an analogy between the Chinese medicine and the Humoral medicine on the basis of yang and hot while yin with the cold, in which all the food items have been given hot and cold qualities to achieve a balance between hot and the cold. Secondly, both the Humoral and Chinese medical systems propose preventive health and not the curative health.

Moreover, similar to the Greek medical system, the Humoral medical system refers to the hot and cold classification. Zakar (1998) argues that such a classification does not refer to the empirical physical symbolic characteristics such as temperature but to the effect attributed to the qualities or properties inherent in the substances themselves. This cognitive classification is meant to classify all sorts of food and herbs into hot

[1]often synonymous with health fraud, it is the promotion of fraudulent or ignorant medical practices.

and cold. The purpose behind such a classification is to exercise hot therapy to the cold patient and the cold therapy to the hot patient, because health can only be achieved by attaining a balance between the hot and the cold, which was meant to prevent a disease. This healing system functions to prolong the health to an extent as possible through self-care and precautionary remedies.

Further analogy also prevails between religious quackery and the Egyptian medicine. Egyptian medicine as argued by Park (1997) can be traced back to 2700 BC. Egypt is considered the one of the oldest civilizations. Equating medicine with religion, their physicians enjoyed the status as that of the priests and hence often assisted priests care for the sick. They gave primary importance to the pulse, as it was "the speech of the heart".

Islamic medicine though not having an all-encompassing medical foundation, affects directly the rest of the medical systems in Pakistan, be it Humoral, Unani or the state monopolized bio-medical medicine. This system enjoys strong cultural affiliation and emotional bondage even lacking its own laboratory or a clinic. It legitimizes any other indigenous healing system e-g Unani who is usually equated with Islamic medicine for the very fact that some early physicians who wrote treatise on Unani medicine referred to the application of Prophets' sayings with reference to usage of Honey and other items/ herbs like *Qalonji,*[2]stated Zakar (1998).

Although there is a vast list of traditional healing systems as it is a common understanding that the first man became the first physician or a healer and the first women as the first nurse. In lieu of it, from Adam and Eve, the emergence of diverse terrains of traditional healing cosmologies emerged and evolved until present and this process will continue in the future too! However, a focused typology of traditional healing system may be appropriate within the discipline of medical anthropology. In sum, Humoral, Chinese, Greek, Egyptian, Islamic, Unani, Traditional and Primitive healing cosmologies are very much inter-connected by forming a nexus within the domain of ethno medicine.

[2]Known as black cumin, *Nigella sativa*, it belongs to the buttercup family of flowering plants. It grows up to 12 inches (30 cm) tall and produces a fruit with seeds that are used as a flavorful spice in many cuisines. It is famous for its medicinal properties.

1.3 Medical Anthropology and Ethno medicine

Medical Anthropology takes into account both the global health as well as of the small communities across the multiple dimensions, ranging from the study of health-seeking culture to native perception intended to improve and optimize the general health.

The topic of study relates to medical anthropology that strives for an understanding of health, illness, disease and sickness among inter-cultural and intra-cultural groups and ethnicities. Helman (1984) opined that medical anthropology is the study of cultural beliefs and behaviors related to its origin, acceptance and organization of health and illness in diverse social and cultural groupings. Medical anthropology is not only anxious to explore the practice of healing or systems of diagnosis and treatment such as that of biomedicine rather, it also intervenes in the more informal systems of health care that exist worldwide (such as self-treatment, folk healing, birth attendants, shamans and indigenous healers) and generally in curing practice.

The present study focusing Medical Anthropology and Ethno medicine has been selected, as they both foster an association between applied anthropology and healing, keeping in view their correlation with the researcher's area of interest. The phrase ethno medicine refers to the medicine of any specific culture. Wilce (2009) opined that medical discourse is an anthropological subject although it was confine in the past to only doctor-patient relationship within bio-medical settings thus tailoring "patient-centered" or "bio-psychosocial" approach. Recently, anthropologists have started resisting such a project that exclusively considered biomedicine and practitioner-patient communication and are thus skeptical about the psychosocial approach-that "merely assign people the role of ….patient".

1.4 Conceptualizing Ethno-medicine

In every society, people are concerned about their health, they take steps to ensure continued good health and establish procedures for avoiding ailments and injuries. A large proportion of worlds' population still relies on traditional practitioners, including traditional birth attendants, herbalists, and bonesetters and on local medical plants to satisfy their primary health care needs and this constitutes alternative health care industry.

Medicine is part of culture like religion, art, values, kinship, morals, economy etc. To understand the medical system of a group of people, one must study the culture within which it is embedded. To realize the effects of medicine on the sick, one must look at the ways in which such complex social and conceptual forces affect the human organism. Medical plants and traditional healing products are the oldest form of seeking health. Natural products have been in use as medicines for the past several thousand years. This knowledge has passed through generations to generations as well.

Ethno medicine came into existence with different definitions and terms in the academic literature, each one of them depicts their own way to analyze and explain the traditional medicine. In the anthropological American literature, the ethno medicine is referred to as education and ideas about the health and its remedies. In biological and European literature, it refers to the medical purposes of diagnosing it and practically treating the diseases and illness. The English word ethno medicine is not tagged or restricted to a single meaning rather it is generally administered and each dictionary has its own meanings and sense, which is all the process of dealing the knowledge with health, disease and illness symptoms, diagnosis, it's safe measures and restoring abilities to treat them.

Ethno medicine has two of the common achievements. The first is the ideas and theory related to health that is inherent among the people living and serving a particular culture, which merely forms the base and foundation of person's cultural medical common sense, giving them a way and situation to deal and treat their diseases. The second goal of ethno medicine is to deliver the medical translation, which is to better recognize the medical thinking of one group and comparing it cross-culturally for understanding the area of study to region indeed to view it globally. It can be also helpful in giving a margin and facilitating better and best health care to not only the group studied but also a second option for the Western and other societies. Although each culture has its own uniqueness of medicine but cross-cultural ethno medicine studies and researches delivered that all world culture covers four domains of disease reasons as Quinlan (2011:381) argued:

1. The individual figure

2. The natural earth
3. The geniality and finance of world
4. The religious and pious world.

Ethno medicine is primarily concerned with instinctive point of view where all the medical systems revolved around models of illness, sickness, diseases and their treatment. The traditional medicine is not only studied in written form but there is also an oral debate. It also circulates around different ethnic groups. It is the knowledge of the system in which the native people utilize the traditional medicine ideas for recognizing the disease and alternative ways for its prevention, opined Giovannini *et al.*, (2011:928-936).

Ethno medicine is the study of the primitive medicine ways by different native groups and it is sometimes use as a word having same meaning as traditional medicine. This concept is well defined as the cultural multiplicity among the residents of the rural areas who utilize the old practices of the medicines by intermingling with the natural atmosphere that protect them. Traditional ways of consuming regional flora and fauna and other active agents for the curing and healing purposes are the components of ethno medicine. The ways adopted by Shamans and the rural faculties to treat diseases and heal them are cheaply manifested and it is efficient for the local people for their treatment. Such ideas and information's are inherent from one generation to next generation through intimates and other culturally specific customs. The fact that experts of these methods are not only supervisor of the land where they live but also of the technologies they utilize. However, the western societies take these practices of Shamans a doubtful act considering it the method of demons, stated Bordoloi and Kapoor (2014:61-66).

The analysis of health care seeking method is uncovered in domain of Ethno medicine. Since the intervention of scientific research in ethno-medicine has contributed a lot in enhancing of traditional medical information and implementation. The blast of Ethno medicine literature has been triggered by the increased acknowledgement of the interaction of different ethical and cultural groups which helped to identify the native health meanings along with maintaining their cultural

recognitions, along with disclosing for new medical treatments and techniques, narrated Krippner (2008:81-92).

1.5 Cultural Construction of Ethno-medicine

As anthropology with the passage of time became more systematic and research in it became more sophisticated, ethno medicine became one of the essential dimensions of the culture to be investigated for the betterment of the community. The knowledge about ethno-medicine is a part of the traditional lore of the community. This secret knowledge about medical plants and magical rituals was always transferred orally through generations and there were no written documents to store this knowledge. The ethno-medical system of the present age is in more or less static in condition. Modern research and development are concepts that are relatively unknown to the ethno medicinal-men. They follow the age-old medical combinations and healing techniques that they have inherited from their ancestors. This medical system is a closed one and it is neither experimental nor does it imbibe any knowledge from other cultures in any systematic way.

Ethno medicine often cannot cope with the fast changes occurring in the community. Changes occurred in the habitat, subsistence pattern and dietary habits of the local dwellers and the close association with the metropolitan residents tilt the balance of their traditional life. Along with these changes, acculturation bring forth many new diseases to them. Most of these diseases were not present among them in the past and hence the native healer-medicine-men are helpless to tackle them. It is quite natural that there is no medicine for maladies like pollution and adulteration in nature. The medicine men are not able to diagnose those causes that are not familiar to them.

Nowadays, natives use ethno medicine as a 'stopgap[3]' arrangement. They depend upon ethno medicine as the only medical-healing facility available on the spot. However, soon they attempt to go to the modern curative centers for further treatment.

1.6 Ethno medicine and Herbalism

Most probably, the primitive man was perceived to rely on the traditional and herbal medicines/herbs to rectify them. The history of herbal medicine dates back to 35000

[3] It refers to a temporary recourse to the indigenous health facility available on the spot before seeking modern allopathic treatment.

to 60,000 years near a burial site of a Neanderthal man disclosed in 1960, in a cave. The archeological evidences concluded that it has been saved because of the use of certain seeds and flowers, which were kept to protect the body from contamination, stated Solecki (1975:880-881).

Much of the drugs are scientifically derived from the herbs which are being traditionally used by the rural sector as herbal remedy for illness is evident in United States that's why the consumption of the herbs, plants have been witnessed and has grasp the attention of the researchers. However, the practical usage of the traditional herbs firstly appeared in 1960 with the name Ethno medicine. It was basically derived with a meaning for maintaining and assuring of a good health, opined Hoareau and DaSilva (1999: 3-4). This is branch of medicine, which deals with the education of using the plants integrating and interacting with the mystical world and the natural atmosphere. The divine features of health and sickness has been the central fact of the ethno medical applications for decades, which has been somehow unnoticed by the biomedicine experts because they found some restrictions in using scientific codes as there is the involvement of validity. The traditional medicine has two universal classes of disease: one revolved around the natural cause and the second is supernatural which all rotate around unnatural cause. Natural cause describes the disease occurs due to the natural phenomenon and forces like cold and heat which triggers disproportion in the body basic elements. Meanwhile, unnatural cause results from two major's types of supernatural forces; the one is the impact of the evil spirits and the second is the divine belief that disease is a penalty assign for the sins and breaking taboos from the God/gods, claimed William (2006:215-216).

Herbalism is the knowledge of using the plants and their extracts for the medical purposes. This term can be exaggerated by inducing the cultivation, gathering or allotting of the aromatic plants, which have medical tendencies in them. Other subtitles for medical herbalism include botanical medicines or phyto-therapy, which all have a same phenomenon of the use of plants material to thwart and cure health or promote wellbeing of the person. The scope of herbalism is widely accepted but the current herbalism, which has their routes in diverse cultures, had yet not been fully notified and studied. However, the period of classical era is evident from the large number of modern drugs that they have foundation of ethno botanical remedies. From

the prehistoric periods medical plants were the central components of the traditional medicine methods worldwide but the selection of medical plants for therapeutic purposes by the primitive community was not random as it was all based on a firm criterion stated Moerman (1996:1-22).

The education regarding herbalism was established and assimilated through trial and error techniques by many generations. The different media by broadcasting cross-cultural knowledge transmissions help a lot to instruct people with the knowledge system of herbalism. This knowledge of medical plants is also dynamic in nature as any of the peripheral influences such as deforestation and the communal-cultural changes will have a negative impact on such knowledge. The documentation regarding the present medicinal plants can report these shortcomings and all such steps can improve the understanding of the bioactive ethics and therapeutic claims of the concerned plants, suggested Leonti *et al.*, (2009:255-267).

In North East India there is a vast variety of medicinal plants of botanical properties, however this area of study remains patchy for various reasons. The current situation paves attention for the urgent documentation of this knowledge and sharing of the information, narrated Mao, Hynniewta and Sanjappa (2009:96-103).

There are less disadvantages of herbs as for a sudden illness the bio medicinal drugs are more superlative. The herbalist would not be competent to treat serious trauma, heart attacks and many others as a conformist doctor can efficiently use modern diagnostic tests, surgical procedure and drugs. Herbal medicine can also have a disadvantage that it can interact with medications so there should be a proper consult to the herbalist for proper herb and its amount and approving the modern medicine when it makes the most concrete sense of all possible worlds for those who desire to consume alternative and free therapies. The field of ethno medicines and herbalism can be helpful in exploring the medicinal properties of the plants and the relationship between the innate people and their living atmosphere. The ethno medicinal knowledge which is profited from the biological variety in the different cultural domains can be disclosed for the development of large values of pharmaceutical and cosmetic product, argued Wood, Anthwal and Panahloo (2004:625-627).

1.7 Global Situation of Herbalism

The development and the mass invention of the chemical and bio medicinal drugs have improved the health care all around the world. However, for curing of the primary health care problems the majority of the residents of the world still rely on the traditional and herbal treatments in the developing countries. In Asian countries, a significant proportion of the population use traditional medicine regularly, in Africa about huge some amount of population relies on traditional and herbal medicine while in India all the tribal and clan system inhabitants use herbal drugs and traditional knowledge of medicine. In China, not only the people are inclined towards the herbal treatment but also major proportions of the hospitals carry the domain of the herbal and traditional healing systems. For past two decades the use of traditional medicine has increased its importance in the industrialized nations too which is due to the introduction of the ethno botanical drugs. Meanwhile in Hong Kong in 2003, 40 percent of the population showed importance and interest in Traditional and Complementary Medicine as compared to Western medicine.

Ethno medicinal plants have a diverse historical background, which was all the way been used by the traditional healers to treat the illness and diseases suffered by the people. India is the country in the world, which is gifted by a vast range of plants having great medical components. The use of plants as a source of healing purpose is found back from human civilization. In India there are evident traditional medical plants which are primarily used for curing of different diseases which is also considered less expensive as compared to costly western allopathic medicines. The plants are used more effectively by the local people in curing the snake bites, malaria, tuberculosis and even complications faced by the mothers in delivering child etc. The residents find it easily purchasable and adorable along with them they considered these systems as spiritual and culturally inevitable. It is generally assessed that 6000 plants in India are consumed for folk, traditional and herbal medicine, depicting about 75 percent of the remedial requirements of the Third world countries. The Chinese herbal medicine and the Ayurvedic medicine of India has a great significance which focus on the precautionary measures to heal by use of plants and herbs in drugs, diet, massage therapies along with maintaining the cultural context of ethno medicine.

To sum up, Muthu *et al.*, (2006:40-43) concluded that traditional medicine is all-inclusive having traditional healers incorporating their knowledge in primary healthcare, which have been forward on by ancestors over thousand centuries.

1.8 Herbalism in Pakistan

Keeping in view the significance of ethno medicine and herbalism in Pakistan, it is conceived that it has a history of its existence, which is linked with Indian subcontinents from archeological quarries. The education about different diseases and their treatments by usage of medical/herbal plants goes backward to early residence with different cultures of India and Pakistan. History of ethno medicine/herbalism can be dated back to 7000 BC in Indian sub-continent, tracing back its footings to the shores of Indus civilization. From the evidences of archeological quarries, it is grasped that the people of Indus civilizations were more worried about their health care systems; they were indulged in activities to make their atmosphere hygienic and improve the water sanitation systems. They totally relied on the use of medical herbs and shrubs to rectify their problems related to health. As these people have different trade linkages with Gulf and Western countries, so they easily spread the knowledge of ethno medicines around the world.

Ethno medicines along with herbalism in sub-continent passed through three phases/ era where it reached to its advancement as argued by Sharma, Tripathi and Pelto (2010: 8-17). These stages were:

1. Prehistoric Era
2. Vedic Era
3. Post Vedic Era

Prehistoric period includes the Indus civilization; Vedic era includes Aryans tribes who were the beginners of providing literacy about the healing systems in sub-continents. The basic idea of ethno medicines and traditional knowledge among Aryans were to find out the involvement of the spirits in occurrence of disease spirits and treatment was conducted by performing ceremonies, wearing charms, reciting Mantras and using herbs to heal the injuries internally and externally. Post Vedic era included the Vedic Aryans who speak Sanskrit who spread their knowledge from Punjab and Doab regions towards the middle Gangetic fields, which has its own socio

cultural and language framework. During this regime, the different cultures with different knowledge of ethno medicines co-existed in tiny units and shared their ideas and information about health and it's after mark. In this period, the Buddhist and Jaina context informed the use of herbs and the surgical procedure by practicing the traditional knowledge, which was gathered from all society levels.

With the emergence of British invaders in sub-continent, the official status of ethno-medicine and healing systems were activated at secondary level and western medicinal system prevailed. However, after the separation of sub-continent the concept of western medicine was circulated by the British for both the nations India and Pakistan, to openly and freely practice either one of the healing systems or both.

Pakistan has an aggregate of 1,572 genera and 5,521 species the most of which are prevalent in Hindu Kush, Himalaya and Karakoram areas. About 6000 species have properties of medicines, which are extensively dispersed. Of these species, 500 are of a considerable use for medical purposes. Round about 60,000 regular *Hakeems*[4] facilitate the natives across the provinces in the rural areas. Around 84 percent of the country's population in mid-1950 was inclined to traditional medicinal practices however it is currently subjected to remote areas, opined Bano *et al.,* (2014:39-43).

1.9 Role of Different Agencies for the Protection of Herbalism

A number of Non-Governmental Organizations are working for ascending of herbs and to save them from destruction and loss. World Wild Fund for nature (WWF) have since long been contributing their energies and capabilities in protecting natural medical plants along with cultivation of herbs. Moreover, Pakistan Forest Institute (PFI) is actively working in Peshawar and other cities in providing training to the trainees to preserve and do research on forest products like medical plants, deforestation and wild life, claimed Shinwari and Gilani (2003:289-298).

Qarshi Herb Research Centre (QHRC) is positioned on the grounds of Qarshi Industries (Pvt) Ltd, which is 60 km from zero-point Islamabad. It has the main objective of protecting and transmitting commercially important indigenous plant

[4] Professional herbal practitioner

species. In active trade, there are 456 medicinal plants, which are used for the production of more than 350 different items to cure the variety of illnesses. Almost 90 percent of the medicinal herbs' necessity is imported, stated Qarshi and Hussain (2011:1-15).

In Pakistan some of the prominent persons who are serving in the field and providing recourse to a large number of people are:

1. Dr. Khurram Mushir

Dr. Mushir is a renowned dermatologist, cosmetologist, model, and media person. He was born In Karachi city who completed his M.B.B.S (DOW), D-DRM, (WALES UK). His fame and professional experience are much evident in various Television shows. Dr. Mushir made his mark mainly by giving problem-solving beauty and health tips for long hair, acne scars, skin whitening, fair complexion and fairness during his television shows. Dr. Mushir started his television career as skin specialist and dermatologist from TV show "*Sola Singhar*"[5] at Indus TV. He later joined TV One. He used to do a show on TV where he used to have a session for the health and beauty tips. Dr. Mushir operates a clinic in Medicare Hospital, Karachi where people consult him regarding various skin related problems. People usually consult him for the treatment of hair, skin whitening injection treatments, tips for acne, weight loss tips and he give the responses on the show live. He gained popularity from masses due to his impressive way of communication and wide range of health/ beauty solutions, weight loss tips and exercises. Dr. Mushir is currently associated with *Geo Kahani*[6] and provides his useful experience to the viewers. He guides the women at home to find cure of problems in natural remedies. He is always open to questions and shares his views with the viewers. He uses the natural things to cure skin problems, which make his products more effective and famous.

[5]It is a health and beauty tips entertainment program run by Indus Media Group (IMG) that owns and operates Indus TV Network (Private) Limited and the Indus brand of television channels in various global markets.

[6] It is an entertainment channel of GEO network, broadcasted in Urdu Language, which began its transmission in the U.K. from 11 August 2017.

Skin whitening creams recommended by him are very much endorsed by women and young girls. One known recipe recommended by him for bad breath problems is the use of any sweet tasting herb/s that can be used to improve the breath. Although he can be contacted at his personal contact number 0322-2532442, but two of his clinics are:

i. Zamzama DHA
   Address: Skin vision, Third Commercial Lane, Zamzama, Defence, Karachi
   Phone No. 021-35868999

ii. Medicare Hospital
   Address: Medicare Hospital and Clinic, Shaheed- e- Millat Rd, Near Jamaluddin Afghani Park, Karachi.
   Phone No. 021-37614409

2. Dr. Umme Raheel

Dr. Umme Raheel is a famous and important celebrity of morning shows of Pakistan. She is a beautician and an herbalist who is ruling hearts of Pakistan women and young girls for many years. She was born in Karachi city, and she uses simple herbs to solve different skin problems, hair fall problems, complexion issues and weight gain. She has bagged a PhD degree in Alternative Medicine and Beauty and professional experience that has earned her a good name in the industry. Herbalist Umme Raheel is known for using simple herbal tips and techniques to cure various health related problems.

She provides easy tips and techniques to the viewer by using natural things, which shows effective results. Girls and women follow every tip given by her. She has huge fan following on social media (Facebook /Twitter) and on TV.

She has simplified the treatment methods for all who use herbs. Beauty tips given by her are being practiced and followed by women as they truly work. Dr. Umme Raheel provides consultancy at Cosmoderme in Khayaban-e-Shahbaz, Defense and at Gulshan Medical Centre, Block 7, Gulshan-e-Iqbal Karachi.

3. Rani Anees

Rani Aness affectionately referred as Rani *Appa*[7] by her friends, clients and acquaintances. Rani Appa comes from a family of *Hakeems*; her husband, *Hakeem* Anis-ur-Rehman is also a renowned *Hakeem* and used to be a regular guest in television programs on leading channels. She has kept the tradition of her forefathers alive by following the principles of *'Tibb-e-Nabwi*[8]*'* while preparing her herbal products. Rani Appa herself is the life and soul of several TV programs in which she is invited, where based on her wide experiences, she gives valued advice on skin related issues and passes on valuable beauty tips to the callers. She is now considered a household name across the country. Rani herbal products are approved by the PCSIR Laboratory[9], and are widely known for their effectiveness and have absolutely no side effects. These have been developed through extensive research and keeping in mind the local environment. Her products are the outcome of decades of experience and expertise, which she has gained through her passion, zeal, and commitment towards her clients. While her preference is on herbal beauty treatment, Rani Appa has kept herself abreast with the conventional and modern developments in the field. In this regard, she did the MTI course, which is an international makeup course, from Bangkok. Rani Appa's popularity as an eminent makeup artist, beautician and herbalist has grown rapidly and traversed the geographical boundaries of Pakistan. She's the proud recipient of numerous awards, including the Best Makeup Artist Award in a UK and Dabur Amla beautician contest held in Karachi, Best Makeup Bride of Karachi Award in 1998, Best Makeup Artist of Asia Award in 2007, Best Herbalist of Ladies Herbal Products Award in 2008, First Lady Herbalist of Pakistan Award, etc. She has also won Best Bridal Awards in countless other events.

Rani Appa aspires to continue creating vivid impression in the beauty industry with better and newer herbal products catering to the growing requirements of her clients. Rani Anees is regarded among the most well-known female beauticians of Karachi besides being a qualified and accomplished herbalist. She has earned domestic as well as international recognition for her work. She is also actively involved with Sahir

[7] It comes from the Uzbek *opa*, which means sister. In both Urdu and Punjabi language, it means older sister.
[8] Medical practices/teachings by the Holy Prophet (PBUH)
[9] Pakistan Council of Scientific and Industrial Research was established in 1953 under Societies Act, to promote the cause of Science and Technology in the country.

Lodhi Foundation (SLF), a credible NGO that's working on a project in the health and education sectors in impoverished areas of Karachi. Rani has to her credit more than three decades of experience, having commenced her business in 1983 from a humble background.

Her beauty salon, Rani Beauty parlor, located in PECHS[10] right in the midst of this sprawling city, is considered among the top beauty salons of Karachi. The salon offers a complete range of beauty services for females, including bridal makeup, party makeup, daily beauty treatment, etc. Rani has distinguished herself through introducing exclusive and high-quality herbal beauty treatment to provide her customer a pleasing and attractive look. Being the first lady herbalist in the country, Rani *Appa* takes pride in making herbal product common for beauty treatment in Pakistan and has thus successfully created a niche for herself in a competitive industry.

4. Dr. Bilquis Sheikh

Dr. Sheikh was born in 1972 in the city of Chitral, located in the northern area of Pakistan. She has keen interest in herbs since childhood. She is an expert herbalist with a degree in Alternative Medicine Doctor (AMD) form Colombo Sri lanka in year 2005 and a degree in homeopathy from Pakistan. Her research work in herbs made her a popular herbalist of the country. In 2009, Dr. Bilquis established a company called BSM Kreations-Naturalize, which works on herbal products and formulas to produce quality herbal medicine.

The hallmark of the success of Dr. Sheikh is her aim to provide home remedies and simpler solutions to complicated problems using herbal medicine. She utilizes herbal products that are free from any sort of reaction and give workable solutions using ingredients that are easily accessible at home. Her appearance on TV screen is a gift for her fans. Dr. Bilquis Shaikh has been doing a segment in *Subh-e-Pakistan* hosted by Dr. Amir Liaquat on *Geo Kahani*. The patients can contact her for any sort of issue that can be dealt with herbal medicine.

[10] Pakistan Employees Cooperative Housing Society

Dr. Bilquis Sheikh has become a household name of Herbal and Natural remedies in Pakistan. She is famous personality best known for her Tips, *Totkas*, remedies on skin problems, weight loss, acne, whitening cream, soaps, open pores treatment, hair fall and its treatment. Through research and innovation in herbs, she became one of the famous Herbalists in Pakistan.

Some best *Totkas* of Dr. Bilquis Sheikh are:

i. "Increasing of Height"*(Qad Lamba Totka*), whose video can be browsed online by *Qad Lamba karne ka Asan Totka by Dr. Bilquis Sheikh*.
ii. "Boosting of Kid's Brain" *(bachon ka dimagh tez karne ka toka),*
iii. "Weight Loss Totka" *(Wazan Kum Karne ka Totka)*.

5. *Hakeem* Syed Abdul Ghafar Agha

Hakeem Syed Abdul Ghaffar Agha is an experienced and well-known herbalist of Pakistan. He is also a famous TV personality who belongs to Karachi city and he is practicing as an herbalist in the same city. *Hakeem* Abdul Ghaffar is an important name in the herbal medicine world and among the herbal media presenters of Pakistan. He is also the founder and chairman of 'Agha Herbals'. The aim of *Hakeem* Abdul Ghaffar is to improve the living conditions and health of people by using natural products. His son Syed Nausherwan Ghalib also helps him in launching different natural products at 'Agha Herbals'. He belongs to the family of *Hakeem*s. His father *Hakeem* Maulana Syed Abdul Jabbar was also an expert of herbal medicines. *Hakeem* Abdul Ghaffar has two brothers and both are running herbal clinics. He has launched different herbal products in market: one of them is 'Head-to-Heel'. He has grip on wide range of knowledge about herbs and Tib-e-Nabvi. There are also different books available in market that provides tips and natural remedies of *Hakeem* Abdul Ghaffar for different health and skin issues. *Hakeem* Abdul Ghaffar owns many clinics at different locations of Karachi and in other cities. Recently, he has opened clinics also in Saudi Arabia and United Arab Emirates. He is also a researcher. He researches on different diseases of kidney, lung and liver, and about their causes and cures by herbal medicines.

1.10 Significance of the Study

Due to diversification of medical systems and changing behaviors about medical systems, it is necessary to know the answer of such questions as, which type of people, go to which type of medicine? Moreover, why they prefer to go to that particular mode of treatment? How they are treated? To what extent they are satisfied by any particular mode of treatment? The role of therapeutic management group (TMG)[11] and satisfaction level of them for treatment of their patient is also intend to be measured in this study.

In Pakistan, there are many types of healing and treatment including, modern scientific medicine, as Allopathy, as well as local traditional medicine as spiritual healing, humoral medicine, herbal medicine, *hikmat*, homeopathy etc. which provide an alternative therapy to modern biomedical system. All of these medical systems have their own identity, status, value and they co-exist thus yielding a base for the coexistence and plurality of medico-healing systems as also argued by Zakar (1998).

The ethno medicine is rendering its services in the response to disease, illness, distress, ailment, injury and sickness by giving a complete surety for the complete treatment and elimination of epidemics. Daily newspaper, wall chalking, advertisements at every public gathering spots and at bus stops portray the above assumption. One may find a full-fledged focus on the usage of drugs for the treatment and improvement of health and hygiene by ethno medicine healers.

Intellectually this research can add up more to the interest for the researchers to further modify and explore the reasons that pave ways to people of Pakistan to seek and contact an herbalist or *Pansari* for salting out their health issues. Furthermore, it will help them to follow effective and less costly ways to achieve a healthy and satisfied life. The study can be further investigated by the policy making experts to ensure an accurate and protected traditional knowledge of different cultures related to healing systems. This will be helpful in safer terms for the unhealthy people.

[11]It comprises of the paternal and maternal relatives of the patient who rush and join the therapeutic process for negotiation with the healer/ physician. Either the issue is of disease, illness, sickness or distress; the choice to adopt a particular mode of treatment for efficacy lies in the hands of TMG and not the patient itself.

Lastly, this research will be progressive to initiate the governmental authorities for the improvement of the health care services thus providing and regulating the basic health rights to every individual, thus focusing on the social and economic disparities existing between people living in a community. Besides this, the social determinants of health need to be evaluated and the level of earnings and development of different countries will be helpful in defining the health equity between the populations. This will generate the global collaboration of the policy makers to work on making the health care as a fundamental human right. The human justice is the main term which will be helpful to support health systems to cure and solve the health problems of the people.

1.11 Statement of the Problem

In accordance to the evolutionary schemes of the diverse medical-healing systems, the researcher argues that in Pakistan, one may find the existence of any of the above mentioned medical-healing systems independently or a blend of two or all the medical-healing systems coexisting with the now, well established, state monopolized bio-medical system of healing which claims to be rational, objective and value-free in dealing with one or all the diseases whether be it the issue of curative or the preventive domain. Muslim physicians/ healers under the influence of Primitive, Chinese, Egyptian, Mesopotamian, Greek, Roman and above all the Ayurvedic medical system, laid the foundations of Humoral, Unani and Islamic medical systems which are mostly based on the belief system of the native community in which the particular medical system is rendering its services and that is the reason that it is falls under the premise of ethno medicine.

Either the issue is of health, disease, illness or sickness; both the Indigenous as well as Cosmopolitan medical systems come on the scene to render their services and to capture the ‘market’. When the issue is of health perseverance and maintenance that too in Pothohar plateau, one can easily find an existence of full-fledged industry, providing cure and care to the patients, which is diverse in domain, and narrow in focus! Ill health is not only the malfunctioning of any organ rather it is a ‘cultural malfunctioning’ which needs an utmost treatment because a sick man has no say in society as its contingencies are reflective of the fact that such a person falls prey to shame, and un-acceptance. Disease equated with honor, is reinforced when it is aloof

of any harm. Secondly, in most of the diseases or illnesses, the Therapeutic Management Group (TMG) comes in support of the patient who now is enjoying 'Secondary Gain[12]', but in certain cases, the role of Therapeutic Management Group is of labeling and criticizing thus leaving behind the entire responsibility onto the patient.

The study is an attempt to highlight the epidemiological issues in general and its health interventions by the dwellers of Bhara Kahu town, Islamabad. The town is a nest to almost all multi-lingual and diverse terrain of ethnicities of Pakistan. Since the last two decades, people have migrated here in quest of betterment in their socio-economic life style. Islamabad, the federal capital of Pakistan provides a nurturing ground to people to help optimize their material as well as non-material well-being. The people migrated, have brought with themselves their traditional lore and native understanding of their health, hygiene and herbalist knowledge in order to help optimize their health.

Secondly, although a research on ethno medicine may have incorporated many types of treatments but a focused domain to understand the cultural construction on herbalism as one of the types of ethno medicine, was deemed appropriate by the researcher.

1.12 Objectives of the Study

The main objectives of the study were to;

1. Deconstruct ethno medicine as it is conceived in the particular locale first, and then reconstruct it on the theoretical propositions of various authors:
    i. Explore the native understanding of the ethno medicine as it is perceived in the community,
    ii. Establish a theoretical linkage between the native understanding of the health in general and the health seeking behavior in particular with the theoretical propensities of the various Ethno medicinal approaches.
2. Identify the nature of diseases and ailments treated by various ethno medicine practitioners in general and by herbalists is particular:

[12]Talcott Parson coined it referring to temporary relief to the patient from his/ her social roles and responsibilities.

i. Identify the diverse types of ethno medical health care practitioners,

ii. Explore the understanding of diverse health notions regarding diseases, ailments etc. among the herbalists.

3. Explore the relationship of respondents' socio-economic life style with their health in general and mode of herbalist treatment in particular:

   i. Explore and examine the correlation of various socio-economic indicators with the respondents' health and mode of herbalist treatment,

   ii. Explore the general health patterns of the respondents and its relationship with seeking a particular mode of herbalist intervention.

4. Study the nature of drugs, herbs, plants, trees, soils and other remedial means mostly used by ethno medicine healers:

   i. Explore the ethno-botanical composition of diverse herbs,

   ii. Explore the respondents (herbalists as well as dwellers) usage of herbs' parts.

5. Explore the cultural roots regarding the decisions to opt different kinds of healing system in general and herbalism in particular:

   i. Focus of the study was to explore in-depth supporting factors among the respondents as well as healers which end up reinforcing and sticking to herbalism as a mode of ethno medicine,

   ii. Lastly, to examine subsequent diverse healing systems adopted by the respondents.

1.13 Research Methodology

Representative ethnographies require holistic understanding of the concerned cultures on the part of the ethnographers depicting demographic, material as well as non-material aspects of the culture. Thus, the ecology of the community had a grave analogy with the health-seeking behavior of the natives. In lieu of it, the following methodology was designed to help understand the propensities of the health seeking behavior in general as well as to explore the above mention research questions in particular. The fieldwork for the present study commenced from June 2014 till May 2015. To ensure accuracy in the data collection and presentation of the field data, triangulation of research methods and anthropological techniques, was employed. Both qualitative and quantitative data were collected, compiled and analyzed.

1.13.1 Universe

Bhara Kahu town was selected as a universe for the study as it quenched the researcher's area of study due to manifold reasons but pertinent amongst it was the pluralistic health-seeking attitude of the dwellers of the town. Furthermore, the natives were more prone to seeking efficacy from diversified terrain of ethno medicinal practitioners, particularly from herbalists. Geographical settings of Bhara Kahu are land terrain, so the Bhara Kahu town is easily distinguishable into five settings, which are thoroughly discussed in chapter four under town profile. For easy understanding the settings are considered as clusters, *Kot Hathiyal* cluster is big in number of households due to availability of plan area than other four settings so, the number of households were selected according to the proportion of the dwellers. Making study more appropriate, with the help of purposive and convenient sampling from each cluster, a proportionate number of households were selected for obtaining the basic information of the households through census survey. The respondents (head of the household) were multi-lingual and narrated their health trajectories in their native language.

1.13.2 Unit of Analysis

While conducting the research, entities under study were referred to as unit of analysis, and they were following:

1. Alternative health care practitioners of Humoral, Unani and Islamic medical systems
2. Grocers and Herbalists
3. Patients
4. Cultural myths and folklores regarding health and hygiene

1.13.3 Rapport Building in an Area of Research

The research was carried out over a period of one year, wherein the researcher lived in the locale close to the local people. During this period, a casual and informal relationship was developed with the natives. Living in the field gave me the chance to get first-hand information on the subject.

Upon entering into the field, the first task the researcher did was to build a good rapport. Rapport establishment is rather important technique in anthropological research, because this method provides key to use other methods i.e. interviews, case

studies and participant observations etc. Rapport building includes gaining the trust of the community members so that they could accept the researcher as their community member. For under-taking an in-depth study in any locale, it is very important to break down certain social barriers. Establishing good rapport in the locality allowed the researcher to move freely among the local people and collect the required information but it was always a time-consuming task requiring devotion and patience on my part. Few dwellers were very skeptical in the beginning about researcher's interest in their town, evident from below mentioned remarks:

> *"Bhara Kahu te tehqeeq kar ke ki kadhna chahnde ho?"*
> *[What do you want to explore, by doing a research on Bhara Kahu]*

1.13.4 Participant Observation

The foundation of cultural anthropology is participant observation. The researcher lived in the town for extended period of time and got close to the people and made them feel comfortable enough with his presence so that researcher could observe and record information about their lives. Participant observation tool was vehemently used as considering it best technique for getting close to the people and making them feel comfortable with him, so that he may observe or record the information about their lives under beneath which lie the research objectives.

The researcher participated in all the events of social importance during his stay at locale. The events ranged from attending marriage ceremonies, political meetings and funeral processions. Besides this, the researcher also participated in everyday life activities like sitting at tea stall, sharing a cup of tea, gossiping at *Baitakhs*[13],visiting patients both at the herbalist's shops or clinics as well as who they were at home apart from giving condolence visits. It helped him to get close to the people and make them feel comfortable. It also supported in triangulating the information that he collected during stay at the locale.

1.13.5 Detailed Mapping of Locale

On entering the locale of the research and having settled over there, one of the first tasks was to begin working on rough sketch of the locale and the area surrounding it. Initially the map was of rudimentary type and changes were brought in it with the passage of time. Such a locale mapping played a significant part in designing the

[13] A sitting place within the house usually for guests, usually an external room with a door opening at the street (outside).

research as it helped him to get orientation about the research and to physically divide the area of observation. With the map in pocket, it was beneficial to walk around the area to have clear idea of how to read the map easily by demarcating it with streets, households, land, cattle farms and other physical infrastructure.

1.13.6 Key Informants

In the present research, key Informants were the people who possessed adequate knowledge about past of their society, the changing dynamics of their present communal life and upon whom the researcher depended upon for providing the multidimensional picture of their community across the time and space. The researcher sought assistance of multiple key informants to get information on the history of community, the instances and rationale of cultural construction of health as well as structure and dynamics of marginalized events in the community under study.

Key informants helped in making extensive contacts within the community and introducing me in the locale and beyond. An informant or key actor in the field research is considered very important as in present research these were the members with whom the researcher developed the relationship based on the sharing information about the people and phenomena of health.

In the present study, local notable dwellers, alternative health care practitioners of Humoral, Unani and Islamic medical systems, Dispensers-cum-medical Quakers, *Hakeem*s, patients as well as the herbalists constituted the list of key-informants.

1.13.7 Sampling

While doing field work, at times it is not possible for a researcher to collect the data from each and every dweller of the locale, especially when the numerical strength of the people of the selected locale is higher. The particular technique adopted for the representative sample of the entire population was of crucial importance in this regard. As it was not possible to study a large population sample because of time and resource constraints therefore, sampling was done to make the analysis representative of the whole population. Therefore, the researcher was in dire need of sampling at the time of conducting socio-economic census, interview stage as well as conducting case studies.

The sampling procedure was divided into three phases.

1. For the present research, Bhara Kahu was selected due to its heterogeneous population's characteristics. People from all over the Pakistan are settled here, either permanently or on temporary basis, as it is comparatively cheap and easily accessible area from Islamabad for the dwellers. In first phase from each village cluster, households were selected for socioeconomic census survey, which is crucial for the overall understanding of the area and population. The number of inhabitants; their economic, educational and social status; as well as provision of health services were the major part of census survey. From each cluster, the proportionate households were selected. Overall, 238 household through purposive sampling were selected and documented.

Table 1.1 Universe of the Study

Sr.	Name of Village Cluster	Sampled Households
1	Kot Hathiyal North	89
	Kot Hathiyal South	98
2	Qazi Abad	13
3	Mal Pur	11
4	Ali Town	24
5	Rumali	3
Total		**238**

Source: Census Survey

2. In second phase, census survey was conducted according to the objectives of the present study to identify the appropriate respondents. It was observed there were some houses which were not fulfilling the criteria (e.g. each household must have one herbal user), and some were there which had more than one herbal users. Overall, 238 respondents were identified as potential interviewees for data collection from the universe of 238 households.

Table 1.2 Sample of the Study

Sr.	Name of Village Cluster	Sample size
1	Kot Hathiyal North	92
	Kot Hathiyal South	98
2	Qazi Abad	15
3	Mal Pur	9
4	Ali Town	20
5	Rumali	4
Total		**238**

Source: Interview Schedule

3. In third phase, an anthropological method of case study was utilized for collection of those narratives, which enriched primary data and provided some personal experiences. The case studies were the descriptive and narrative part of the thesis, which narrated the respondents' practices in health care services. Overall, 16 health practitioners were purposively selected to enrich the data through oral histories of health, illness and sickness with their narratives and their case studies were documented. Case study guide was utilized to find out their involvement and their perception regarding bio-medical health care practices, and personal experiences under selected themes.

Table 1.3 Sample of the Herbalists

Sr.	Name of Village Cluster	Sampled Herbalists
1	Kot Hathiyal North	5
	Kot Hathiyal South	6
2	Qazi Abad	1
3	Mal Pur	1
4	Ali Town	3
5	Rumali	None
Total		**16**

Source: Case Study Guide

1.13.8 Socio-Economic Census Survey

For present research study geographical location of the area were utilized for representative analysis of the area and selection of households. As stated earlier, the settings are distinguished into five geographic areas. The number of households depended on the geographic area rather than the population or number of inhabitants. The land-train of the town was heterogeneous so the settings were distinguished easily. The households for census survey was selected based on geographical location, Kot Hathiyal had relatively plain area so, the number of households were proportionality more than of other four areas.

Socio-Economic Census provided the basic demographic and socio-economic information of the locale. Overall, 238 households by using the purposive sampling were selected to find out the general patterns of residents, their inclination towards bio-medicine as well as economic factors that motivated natives for the use of bio-medicines. Census forms contained the question of family structure, caste, income, religion, occupation, education level, health-seeking behaviors etc. for making the pool of the study for interviews.

1.13.9 Illness Narratives

The study relied heavily on the qualitative methods and use of oral histories to depict health, illnesses, sickness and their cultural construction processes involved in the care seeking. The oral histories were presented in the form of patients' narratives and were illustrative of an individual's struggle to find meaning and cure for their illness. These were used to understand the cultural context within which decision-making to seek health intervention takes place and to gain an in-depth understanding of contextual factors affecting care-seeking behavior. In lieu of it, 238 respondents selected through purposive sampling keeping in view the above-mentioned objectives, were interviewed through semi structured interview schedule.

1.13.10 Case Studies

Case study method is purely an anthropological method that is used in the present research to enrich the thesis with natives' experiences regarding use of herbal medicine as well as their involvement to provide advice to patients. For the case studies, 16 herbalists were identified with the help of informal discussions. For in-

depth case studies, those herbalists who were rendering services to the clients and patients in the vicinity of the town were interviewed through case study guide.

1.13.11 Data Analysis

Due to pluralistic nature of the data i.e. both qualitative and quantitative, multiple analyses were done through triangulation of data (verbatim, interviews, case studies and socio-economic survey). Qualitative analysis took place during and soon after the field work, whereas, observations within the community were cross-checked with key informants, in order to explore village patterns and among others, to develop criteria for selection of the dwellers for in-depth interviews.

1. Qualitative data obtained from case study guide were thematically analyzed to identify patterns and inclusion of the patients and herbalists as well. During fieldwork, systematic protocols of the un-structured case study guide were prepared and 16 herbalists were analyzed during the stay in area.
2. Whereas, quantitative data was coded and then analyzed through Statistical Package for Social Sciences (SPSS) version 25, to obtain frequencies as well as to cross-compare pertinent variables.

After fieldwork, all the data were compiled and thematically analyzed, for making it a scientific account.

1.14 Limitations of the Study

The study was extensive in nature; it was not easy to grasp all the aspects of herbalism and the perception of natives, professional and practitioners at once. In the present research study, the limitations of the study are divided into different categories e.g. methodology, conceptual/theoretical and perception of natives.

a. In methodological development, anthropological qualitative tools were used to extract the local and identified people from selected research areas. Herbalists were identified for interviews purposively. There was large variety of herbs being recommended by the herbalists but only those herbs were documented which were identified by the respondents and then verified by the local herbalists. In second phase of the methodology, only those households were selected who were engaged in herbal treatment or were the part of treatment in last two years. According to the convenience of the respondents, in-depth interview schedule was used for data collection on their availability after prior

consent. Case study guide, interview schedule and census survey were used for data collection after review of literature and pre-visit of field was done for identification of cases, practitioners' perspective and selection of household.

b. Two major theories were used to underline the study systematically e.g. Medical Ecological theory and Cultural Interpretive theory. From both theories, concepts and variables were borrowed to make the systematic approach of cognitive development of patients towards illness, diseases and healthy body as well as the process of behavioral adaptation towards the selection of health service providers (herbalists). This whole process from illness to seeking efficacy from ethno-medicine were identified and discussed in native's perspective. For making the process identical and systematic conceptual understanding were developed. There were lot of theories in literature for behavioral development, health-seeking behavior, and political economy of health but in present research study, only stated theoretical concepts were utilized to make the study systematic.
c. The primary data was collected from, household heads regarding their understanding and the experiences they had regarding using ethno-medicine health services. The other part of data extracting were herbalists. From each segment of the thesis a separate tool was used (attached in annexure) to make the study more up to the native's mark.

Above were the strengths of the study, which were constructed under the shadow of study objectives. A number of issues e.g. political economy of health, media influence on behavioral change, flow of capital and other societal hindrances was not included because it was out of the circle of present study objectives.

1.15 Organization of Thesis

Next chapter synthesize the work of different researchers as well as academicians alike on the variables related to health, health-seeking behavior, health care, epidemiology, indigenous health care, ethno medicine and its cultural construction as well as nature of diseases and ailments treated by it. It also synthesizes debates around the determinants of herbalist treatment and patient satisfaction.

Third chapter delineates multidimensional theoretical approaches to support the research study on herbalism as a mode of ethno medicine. It covers ethno-medical

approaches dealing with traditional medicine namely: medical ecological theory and cultural interpretive theory.

Fourth chapter provides a basic informative ground of the research locale Bhara Kahu town, based on the field data. The 'greenness' of Pothohar plateau is embedded with herb-rich ecology in terms of its flora and fauna, which provides a justification for the selection of this particular research site. Major ethno lingual dialects and casts are addressed. Town population, its geographical demarcations, topography and land terrain, demographic and socio-economic characteristics of the respondents including age and gender segregation, number of households and types of houses are discussed. Moreover, respondents' social organization and social stratification including respondents' traditional kinship and cast patterns, marriage and divorce as social institutions, family structure educational profile and certain other social indicators have been delineated.

Chapter five describes the Health Care Services in the Bhara Kahu town with a brief start of Health Care Services in Islamabad City as well as Governmental Health Services in Bhara Kahu. Chapter then cross-analyses certain health services in the town. It also briefly provides information of prominent Private Biomedical Health Services in Bhara Kahu. Local construction of health and illness provides the reader basic background information of the research objectives delineated in the first chapter.

Chapter six discusses the dynamics, modes and process of the Cultural Construction of Herbalism as a mode of ethno medicine. It starts with outlining the Determinates of Herb Seeking Behavior and moves to explain the Leading Reasons of Herb Seeking Behavior with the help of cross analyzing again herb- usage by the respondents with certain other variables. The chapter also sheds a light on the Diverse Indigenous Health Care Services in terms of Money Spent on them and recourse sought from them. It also cross-examines certain focused Causes of Seeking Herbalism.

The chapter seven describes the herbalists' discourse on the prevalence, cultural construction as well as endorsement of the herbs-usage in the Bhara Kahu Town. The field data as well as ontological stances on herbalism is based upon sixteen case studies conducted on ethno medicinal herbalists. The qualitative field data contest

herb-selling, inherited occupation and professional skills, strategies of herbal practice, factors responsible for increased patronage and self-medication with herbal medicine, modes of treatment and the efficacy of herbalism.

Chapter eight focuses on the exploring the usage of the herbs among the natives of the town i.e., how the herb-doctrine encompasses natural rigor of the body that respond to those body-supporting paraphernalia which alleviate, boost, nourish or recover ill health, disease, injury and distress. It locates herbal healing in the Bhara Kahu town as a very popular health care system. It also explores the cultural construction and usage of herbs. The main aim of this chapter is to understand the local usage of the herb (alone or as an indigenous formulae), its healing characteristics as well as its efficacy amongst the different respondents. The last chapter summarizes and concludes the entire dissertation. It sheds a brief sketch of the all eight chapters for the reader to have a quick understanding of the debates inherent in all chapters. It then concludes with synthesizing the arguments raised in it.

Chapter No. 2

REVIEW OF LITERATURE

The chapter attempts to review as well as synthesize the work of different researchers as well as academicians alike on the subject. The reviews are thematically synthesized to gain a better analogy with the current research variables.

2.1 Medical Anthropology and Health Care

Medical anthropology is the sub-field of anthropology that barrows concepts from socio-cultural, biological and linguistic anthropology to better understand the influencing factors of health and well-being. Mainly, the experience of illness, treatment of sickness, and its prevention, social relations and healing process as well as cultural importance and utilization of diverse medical systems are the major concerns, which add beauty in semi-medical or semi-social aspects of health care systems in the field of medical anthropology. Primarily, in medical anthropology, the anthropologists deal with the health of individuals and its interrelationship with environment and the other species around them. In modern era, cultural norms, globalization, micro and macro politics of health and social institutions affects the local spheres (Scotch, 1963; Steegmann, 1983; Thomas, 1973).

In the present research study, the exploration of health and well-being with social and cultural world is created in comparative and transnational contexts apart from discovering the ways in which culture influences the experience of illness, the practice of medicine and the process of healing for the individual and community. It also explores how the experiences and perceptions of the body, self or notion of the individual or person influence upon the illness episode. The other concern has been with how cultural values and practices dynamically shape and are themselves shaped by biomedical research and practice and non-Western medicines and healing traditions.

Krause (1977:409-412) comprehensively studied the medical care in America in its social context and according to him the health methods play a vital role in preserving the social imbalance and prolonging disease in the society. The health care system is

managed and governed by the political and economic aspects invading in the community. The division of labor resulted in the political stress and struggle between the different classes of the society, which all put negative consequences on the health issues of the people as the society impart its impacts on the body and mind of the residents. Furthermore, Calnan (1988:927-933) stated that there are certain health elements and their effect will be mediated through socio demographic features of the people who will be using them. These elements are further divided into four ways, how people seeking health care, secondly the experience after he use of health care, third the socio-political values upon which the health methods are formed and lastly the appearance of health apprehended by the people living in particular society. The work of Krause (1977) seems to be in agreement with the premise that the socio-political situation of the area influences the health system and behavior of people.

Quesada and Peter (1977: 90-93) also discussed the socio-cultural barriers to medical care in Mexican-Americans in Texas. The key concern has been regarding the health system particularly how the social, political and cultural factors unite and affect the health care and the health status of the patient, were raised in their study. In addition, education plays a vital role in selection of medical facilities people most of the time unaware to choose the better way to treat their diseases. Other than this, the family relationship, language and communication barriers between patient and health healers also play a vital role in treating of the ailments of the patient.

Litman (1967:495-519) analyzed the importance and role of the family in health and medical care. According to his research the biological reproduction, emotional development and socialization all such relationships with the society governed by the main and basic unit i.e. family, which has an important social context that cannot be refused. The family plays a significant role in defining the causes and reasons of the disease of a person along with the selection of health treatment unit and the recovery of the patient. Stated literature concluded that social institutions play a vital role in the establishing and contributing the health care behavior of the patient but significantly, family is the center of attention in explaining the disease and selection of cure treatments.

Sargent (1982) used a multi-faceted model to study therapeutic choice for childbirth among the Bariba women of Benin. Characteristics of the client, values and beliefs exists and may change, varying with the situation (e.g. with residence of mother or rank order of the child) and the service therapist, their interaction with the patient may affecting their choice. The client may be viewed as weighing such factors in terms of the relative monetary and non-monetary costs. Certain combinations of factors carry different degrees of risk, uncertainty and belief. Similarly, attributes such as beliefs, values, past experiences with health care practice, influence prospective clients in their selection among health care alterative. The explanation of medical encounter is analyzed on functional and socio-emotional domains for a provider. In the functional or task domain, questions asking by the provider, information giving, counseling, managing treatment, referral and competence scores are evaluated.

Wenonah (1991) discussed the 'pluralistic medical models' in Lahore's Green Town. In stratified system of medicines, a small number of wealthy patients seek recourse from a small number of foreign-trained physicians; the larger middle-class patients consult the large number of qualified MBBS doctors. The highly specialized elite doctors give treatments to the rich elites, and the large poor masses use the services of common doctors. Moreover, informed decision-making by a client or patient is one of the criteria for the quality provision of health services, which primarily are based on the socio-economic status of the patients (O'Donnel, Monz & Hunskaar, 2007:1915-1924).

2.2 Health Care as Fundamental Human Right

Access to health care, in Pakistan, is indeed much expensive advantage. Health care is not a fundamental right but a privilege, afforded only by those who have sufficient wealth and resources. Illness forces people into poverty nexus due to number of reasons e.g. less wages, inflation and high level of expenses for treatment. As an added problem, the poor sanitary conditions and stagnant watercourses in the patches adjacent to the Bhara Kahu town provide excellent breeding grounds for mosquitoes and other contagious diseases.

The pain management as an essential human right is elaborated by Frank, Daniel and Michael (2007:205-221) who studied pain management and analyzed the significant factors which provided guidelines for securing the health among masses. Adding up to it, Farmer (1999:1486-1496) discussed the factors which effect the health and human right. He stated that even after the 51 years of Declaration of Universal Human Rights, govt. failed to provide the health facilities to masses, the main problem lies in the structural violence that is embedded in the social and economic inequalities between people. The state power is the main body, which provokes such inequities, which in return distort human rights of health. Moreover, the studies show that some countries have a different ideology regarding the public health as for them efficacy matters not the equality of health care. Farmer has somehow modified the work of Frank *et, al.* that the health issue needs to be supervised under legal authorities but along with it we have to focus on the social and economic disparities existing between people living in a community.

Marmot et al (2008:1661-1669) have also studied health inequity. According to his interpretations the social determinants of health must be assessed and the level of income and development of different countries will be helpful in defining the health equity between the population, thus it will trigger the global collaboration of the policy makers to work on making the health care as a fundamental human right. This evaluation concludes that Marmot has agreed with Farmer work that human equity is the main term, which will helpful to assist health systems and improve their health problems. The estimation put forward by defining equity in health by Braveman and Gruskin (2003:254-258) is that the wealth, power and prestige of the different social groups make them to reach the advantages and disadvantages to health. The poor people who are already at a disadvantage is more at risk when given a poor health system to cure their illness, so the wealthy people are able to get advance and beneficial health care facilities. To synthesize, researcher concludes that the proper policy and management of the standards of practice of the professional bodies give the legal rights, constitutional support and ethical assurance to health care sector, can provide people with every facility of health treatment. The poor medicines and disreputable practice and repeal of the fundamental human health right are the threats to health care in the area specifically and in the country generally.

2.3 Emergence and Evolution of Indigenous Health Care System

The historical background of the health care system especially indigenous methods varies nations wide. It depends upon the cultural and social roots, political structure and the way of governance. The below is the debate covering all the factors that played a significant role in the historical evolution of the indigenous health care system.

The Brazilian health system, has been studied by Paim *et*, *al.,* (2011:1778-1791) conveys that the historical development and apparatuses of health system varies according to regional and social disparities. Health sector somehow was improved by the emergence and creation of unified health system in 1988, which was an access towards both public and private health care under government supervision. The contemporary and indigenous health systems were driven by the civil society rather than political and government parties or international organization. Since, 20 years of the advancement in health care technologies, people are more diverted to modern health methods. In lieu of it, the political support has redefined both public and private health sector.

Hall and Taylor (2003:17-20) analyzed the health for all, beyond 2000 along with the death of Alma-Atta in 1978 which was declared as fundamental health right of humanity, but politicians refuse it as they rejected community involvement in health care. In 1960s and 70s many nations get freedom from colonizers, so the attention of new governments diverted from providing basic health facilities to the people but the refusal of Alma-Atta act restricted such developments at cities. The rural population remains under-developed because of less economic development. Therefore, their health seeking behavior becomes more focused towards the traditional healing systems due to affordability and easy access along with the cultural roots which made them more bound towards it.

According to World Health Organization, the health inequities for poor people make them away from contact of primary health care. The US spend $US 100 billion on war in Iraq but spend $ US 200 million global funds to fight HIV/AIDS, this shows that the governments are under the influence of the political and economic ideology. Thus, paying more attention towards providing the health care to all on equal terms need to

be estimated to get best results for the health care seekers. The work of both Hall and Taylor (2003) and Paim *et, al.* (2011) endorse that although traditional healing methods are the part of different societies and have an historical evolution but the political structure forced them to adopt it as treatment for their diseases.

The indigenous health in both Latin America as well as Caribbean is evaluated by Montenegro and Stephens (2006:1859-1869). According to their study, the history of Latin America and Caribbean is complex, which has controlled the evolution of indigenous health system. There were 400 different indigenous groups, covering 10 percent of the total population. Before the invasion of Europe back in 15th century, these groups were active culturally, politically, economically and spiritually and were more confined with the local traditional knowledge of nature and ecosystems. After the invasion, these groups become isolated until 18th century, in 20th century with the advent of western medical systems, these indigenous societies tried to collaborate the traditional and western systems to treat the diseases as more of them believed that the Europeans had gifted them the illness. However, still many isolated indigenous groups of tropical and forest population adhere to the nature for curing their health problems, now a days, government have made certain policies which are meant to secure and promote the traditional knowledge along with scientific research to make traditional methods more helpful. Political will and cultural evolution are must for promotion of traditional healing system.

Sandoval (1979:137-151) researched on the Santeria which is a mental health care system in United States cities like New Jersey, New York and Florida. This is an Afro-Cuban cult, which was active in Cuba but now is widely spread in the whole America due to its great impacts of healing the patient's heart, mind and body by performing rituals and dances. This is a religious healing method, which shapes the religious health seeking behavior of Cubans. The indigenous people of America also perceive it as a mental health care system and a solution to all health problems. Sandoval also confirmed the perspective of historical emergence of indigenous healing system. In lieu of above arguments, it is evident that health system varies according to regional and social disparities. Moreover, as the rural population remains under-developed because of less economic development, therefore, their health seeking behavior became more focused towards the traditional healing systems.

2.4 Diseases and Ailments Treated by Ethno medicine Practitioners

The diseases and ailments of the patients are diagnosed and treated in accordance to their health seeking behavior. The ethno medicinal practitioners and the herbal healers are considered more effective in overcoming the communication gap which make the patient more comfortable to discuss the health problems. The following is the debate covering all the cultural constructs, which divert the patient behavior towards accomplishing the traditional ways of healing the diseases.

Medicinal plants in Bangladesh were traditionally used to cure the urinary tract infections and sexually transmitted diseases studied by Husson *et. al,* (2010:61-74). Study stated that majority of the rural population of Bangladesh has primitively reliant on the traditional healers to treat their various diseases. These practitioners used medicinal plants to make the herbal drugs and mixture of herbs to cure certain diseases. The main reasons which divert the seeking behavior towards the traditional healers in the rural areas of Bangladesh was the easy access for curing illness, effectiveness of the herbs, low economic status and communication hurdles between the doctor and the patient as well as the cultural influence of different cultural traits over the patient. Study also stated that overall, 32 herbal species were used to treat the fuel, including regular or irregular urination, leucorrhea and burning during urination. A total of 10 herbal species were used to treat Sexually Transmitted Diseases like gonorrhea and syphilis.

Buwa and Staden (2006:139-142) concluded that there were 13 plants extracted from aqueous which were used to treat the venereal diseases by acting as anti-bacterial and anti-fungus. The plant extract Gunneraperpensa was used against the bacteria while the Harpephyllumcaffrum were used against the venereal disease candidiasis. The study depicts that the traditional medicinal plants are of great medicinal properties used to cure different type of ailments.

Rahmatullah *et. al.,* (2012:315-324) discussed the uses of the medicinal plants by the residents of Soren clan in Rajshahi, district of Bangladesh to cure a variety of diseases. According to them, the Soren clan living in the two villages of the Rajshahi district depends upon the traditional medicinal practitioners. These healers used medicinal plants present in their bio ecosystem, the survey of the study revealed that

there were 53 species of medical plants which were used for the illness which include respiratory tract disorders, diabetes, gastro-intestinal disorders, urinary problems, tuberculosis and snake bites. The further formulations of these important medical plants are used to treat ailments for which the modern biomedicines have failed. These results show that medical plants are of great impact and indigenous people depend upon them for treatment.

The traditional herbal remedies used to cure the urinary schistosomiasis in Zimbabwe were documented by Ndamba *et. al,* (1994:125-132). They evaluated that five out of 286 registered traditional healers address the urinary schistosomiasis by using their traditional knowledge. The major symptoms of this disease were the body weakness, pain on micturition and the increased urinary frequency, these were easily treated by the herbal extract. Haematuria is a medicinal plant extract, which was used by 99percent of the traditional healers against urinary disease. Total of 8 medicinal plants are available in Zimbabwe for curing the ailment regarding urinary disorder in the residents. The analysis of literature illustrates that the diseases can be treated more effectively with the help of natural resources, which were available in selected areas of the research.

Another study by Rahmtullah *et al.,* (2012:380-385), from Bangladesh was included according to the benefits of medical plans which stated the issue of low level of insulin and increase of glucose which cause diabetes that leads towards neurological, cardiovascular and renal disorder. This ailment was cure by the extracts from available medicinal plants, which were known as anti-diabetic agents. In addition, the anti-oxidant extracts were used to make new and desired anti-diabetic drugs by modern healers. Stated discussion portrays that the medicinal plants and extract of medical plants are effective against any particular disease.

2.5 Cultural Construction of Ethno medicine and Belief System of Health Seekers

It is a known fact that any health care provider is more likely to have significantly positive interactions with patients and hence provide better care if he/she understands the nature of disease, ailment embedded in patients' cultural values, norms, beliefs and practices. Indeed, cultural influence on the indigenous people diverts them to use

the traditional ways of curing the diseases and achieve a long-lasting ease. In this regard, Tagarelli, Tagarelli and Piro (2010: 1742-44) highlighted the use of folk medicine in healing malaria in Calabria (Southern Italy). Between 19th till 20th century before the advent of the drug quinine (which is used to treat malaria), were confined with the medicinal plants based on the traditional beliefs to cure malaria. The tradition of healing malaria by medical plants orally passed from generation to generation people tried to save it from extinction.

Hamayun *et. al.,* (2006:407-412) documented the traditional knowledge and use of the medicinal herbs by the people of district Buner, the northern zone of Pakistan, highlighted the salient features regarding the cultural and traditional reason that along with other socio economic factors divert attention towards seeking the traditional ways and methods for curing the ailments. This district lies in the Hindu Kush Mountain exhibiting unique flora and traditional knowledge of all the medicinal plants. The 67 percent of the local population depend upon the traditional system of folk medicines that passed from generation to generation. Both Hamayun *et al.,* and Tagerelli *et al.,* are of the same opinion that culture plays a vital role in selecting traditional health care methods and these should be preserved by proper policy plans by the government to save them from extinction.

The ethno medicinal practices and traditional healing system of Kattunayakan in Tamil nadu, India revealed by Amuthavalluvan, (2011: 47-51) as in India there are 2500 species of medicinal plants which were used differently by different ethnic groups and communities. The traditional methods, knowledge and indigenous health seeking practices of Kattunayakan are believed to be the source of strength and value to their society. The medicinal use of the plants for curing the ailments is a daily routine practice by the people of Tamil nadu that is why traditional healing system prevails more than other health methods in the area. Moreover, the tribal community is the true inhabitants of forests so they get help from existing eco-system around them for curing diseases. The traditional knowledge is still with them, but the emergence of road networks and the access to the cities and modern health systems, this knowledge can be deteriorated. So, government should pay attention to secure the traditional healing practices for the forest men and rural because it is their only hope

of survival in this world of inflation. The author also in the favor and declaring cultural influences is one of the reasons for traditional health seeking behavior.

Kala, *et al.* (2005:195-206) explored why the indigenous knowledge and medicinal plants are used by Vaidyas (traditional healers) in Uttaranchal, India. The area was 78 percent rural, which have great faith in the traditional medicinal healing systems like Ayurvedic healing method. It is based on the traditional health efficacies; people follow the system due to the influence of social beliefs and traditions of rural culture. Although there is a faith that vegetable drugs are more powerful in their efficacy than western medicines; the young generation perceived that the herbal drugs are less costly/profit oriented so by adopting this practice as a profession they will not be benefited so much. Study also analyzed that there are 135 herbal drugs made by Vaidyas in curing 50 different ailments. Due to influence of culture and traditions Indian people are more inclined towards traditional healing systems, because disease is culturally constructed and their healing practices as well as stated earlier.

The health seeking behavior of the tuberculosis patients in Batswana studied by Steen and Mazonde, (1999:163-172) stated that patients select different healing methods either modern medicinal or traditional healing methods upon their belief, faith, culture and attitude regarding the problem. For them the TB when believed to be caused by spread of germs then it is Tswana disease and the people contact the modern healers and if it is declared and perceived as a cause of breaking the Taboos then the traditional and faith healers are their hope to cure their ailment. The study evaluated that 95 percent of the patients' first attempt was the modern healers; out of them, 52 percent use alternative ways of curing TB. The analyses revealed that the patients' health seeking behavior is dependent upon their faith and culture of the cause of the disease.

Steen and Mazonde have modified the work of stated authors, and according to them culture and belief are the major reason of traditional healing methods, people not only seek recourse to traditional methods but also divert towards conventional healing methods because of their faith on the treatment.

Lal and Singh (2008:237-241) discussed the cure the skin disorders experienced by the native people of Lahaul-Spiti in Himachal Pradesh, India which have great faith in their traditional healing systems. Study concluded that the ethnic knowledge of the medicinal plants is of great value and it should be preserved for the next generation as it has a lot of importance in curing of different diseases on low cost and less or even no side effects. The study revealed that there are 18 species of medicinal plants that were used to cure the skin disorders. Study concluded that the medicinal plants are of great worth and the culture effect the tribal and native people. The analysis agreed with above authors but somehow differ from the work of Steen as he mentioned the cause of disease as faith of selecting the healing systems.

The later studies on decision-making have tried to encompass -both the cultural and structural factors. Foster (1984: 849) has noted that the complexity of factors determining health care choices should not be underestimated. He states,

> *"Factors of exclusion and inaccessibility as well as cultural factors impinge on health care decisions".*

Collier and Yanagisa (1987) endorsed the same argument to seek an interpretation of health care decisions through an understanding of the articulation between 'belief and behavior', as well as consideration of larger societal constraints. They argued that while political and economic forces may set the parameters within which individuals make decisions, it is nonetheless necessary to detail the process by which selections are made from among the available alternatives. Rather than seeking to substantiate the primacy of either material or ideological determinants, they argue that ideas and actions are aspects of a single dialectical process,

> *"We conceptualize the inter-related, but not necessarily consistent, meanings of social events and relationships are both shaping and being shaped by practice"(Collier and Yanagisako, 1987: 42).*

David *et. al.,* (1999), has argued that psychological culture impacts health by affecting coping strategies, emotion and mood states. A semiotic framework for analyzing therapeutic systems with a correspondence between conceptual categories and behavior was emphasized.

Welsch (1983) explicitly treats the role of belief in an understanding of medical practice by extending Rivers's dictum those medical practices "is logical consequence of....beliefs" (1924, quoted in Welsch 1983:32). In an analysis of medical belief and practices among the Ningerum of Papua, New Guinea, he demonstrated that use of hospital services does not necessarily imply a change in belief system. Although indigenous and cosmopolitan medical practices derive from differing conceptual frameworks, goals and strategies remain constant from the patient's perspective, regardless of type of care solicited. He argues that,

> *"we should first seek explanations of all treatment choices in the same indigenous illness beliefs- whether the treatment chosen have their origins in indigenous or introduced medical traditions"(Welsch, 1983:18).*

While political and economic forces may set the parameters within which individuals make decisions, it is nonetheless, necessary to detail the process by which selections are made from among the available alternatives. These authors highlighted the factors along with cultural constraints, which affected the health seeking behavior of the individual.

There is a focus on the belief and behavior to emphasize the cultural context in understanding the individual healthcare decisions (Brady, 2001). Anthropological studies have explored the effects of "cultural complexes" such as religion, philosophy and linguistics. Kleinman (1980) have also contributed in this regard. Young (1981), explored medical choices in a Mexican village and writes,

> *"The best way of explaining the observable pattern of illness treatment choices characterizing a community is to discover, in as direct way as possible, the ideational basis of these choices in the minds of the community members (Young 1981: 5)"*

Young denies the determinative role of belief. He concluded that, although numerous previous studies argued that the underutilization of modern medicine was due to traditional beliefs concerning illness, his data showed that the residents of Pichataro retained such beliefs, but this had minimal impact on the treatment choice. Extrinsic factors such as inaccessibility and exclusion provided the primary explanation for observed medical choice. But all the discussion come to an end with a point that

culture, traditions and the beliefs are more restrained in the tribal and rural population where it is always given more value and respect than the industrialized areas and urban sectors where there are different reasons to select traditional herbal drugs for treating the diseases.

2.6 Satisfaction of the Patients

The one of the causes, which pulls the health seekers towards the traditional healing system, is the use of herbs at the satisfaction level of the patient. The following is the debate between different researchers on the level of patients' satisfaction, mental comfort attained by them with the usage of the traditional and alternative healing methods.

The traditional healers in South Africa documented by Kale (1995:1182-1185) concluded that there were 200,000 traditional practitioners and 80 percent of the black population consult the traditional therapies due to high rate of satisfaction of detecting the disease and people feel free to share their health problems. The patients were also contended that they are completely studied by the practitioners more over the healers are the part of the society and they well know how to deal the patients these reasons are enough to satisfy the patients. Trippet and Bain (1992:145-153)concluded that American Lesbians fail to seek traditional health care due to lack of low cost natural herbal drugs or the alternative health care; because they are not treated well like the male and females, lack of communication and respect towards them were the prominent hinder for their practice of traditional health care systems. Due to such issues, their satisfaction remains low and they feel discomfort in seeking the traditional healers. Trippet and Bain have dissention with the work of Kale as the traditional systems are not always the zone of satisfaction of patient it may be perceived based on the gender.

Dein and Sembhi (2001:243-257) opined that South Asian patients seek traditional health care because of their ethnical grouping and cultural influence so traditional healing system satisfy them to adhere these methods other than professional modern psychotherapist. Sembhi has disagreed with above statement; he concluded that by assigning the cultural influence of ethnic groups as the diverting force to seek traditional healers, which in return provides satisfaction to them. Al-Krenawi and

Graham (1999:219-243) conducted a research study on 20 Bedouin Arab non-psychotic subjects in Israel; half were the male and half female. The analysis was to know the perception of the people based on gender, and how this affects the utilization of the traditional or biomedical health care. According to the study, patients consulted their families first, then they moved towards the general practitioners, third would be the traditional healer and the last one always the bio medicinal practitioner. In the case of women, more inclination towards the traditional healing was recorded. Other than these, the bio medicine adhere the physical symptoms but the traditional method is much stronger in giving therapeutic pact. The satisfaction of the patient on the traditional healers was more as compared to bio medicine as they find it comprehensive and clinically beneficial treating the disease by focusing on the all domains of the health of the patient.

Colson (1971:226-237) posited that the use of modern, as opposed to indigenous sources of therapy, would correspond to the supposed origin of the disease. A disorder of natural origin would be in the domain of the modern therapist, whereas for disorders of supernatural origin, the client would seek traditional health care. This is also confirmed by Ryan (1998: 209-225) who analyzed the treatment sequences that suggest customarily delaying treatment as a strategy in the decision-making process.

All the researchers agreed with Kale in setting the traditional healers as providing the real comfort zone for the patients but show contention with the work of Sembhi who argued that the culture is the reason of seeking traditional methods of curing. Lastly, they have also approved the research assumption of Trippet and Bain that the gender difference establishes the health behavior of patient.

2.7 Economic Factors Compelling Herbal Treatment

The economy is the status of a country or region in the facts of the creation and consumption of goods and services and the source of the money along with the watchful management of the available resources. If these outcomes are not gained, then the population finds alternative ways to fill up these gaps. The following are the economic reasons and causes, which divert the people attention towards the use of low-priced and more frequently available treatments in form of the herbs and therapies to solute the illness problems.

Dwivedi, Dwivedi and Patel (2006: 60-63) viewed that the tribal and rural residents of Satna think that the root cause for all the diseases is the problems of the digestive system. They find no relief in using the expensive drugs and the prevailing economic conditions living near to or below poverty line; such population trust on the traditional healers and practitioners for treating their gastrointestinal problems. These herbs are cheap and effective to cure the poor people health issues. So, the study concluded that the poverty is the factor that frames the seeking behavior of the patients.

Prakash and Gupta (2005:125-131) discussed the therapeutic users of Ocimum Sanctum Linn (*Tulsi*[14]). The majority of the population lives under poverty zone so they find such cheap herb as a source to treat their problems. Furthermore, to increase and improve the economic conditions such medicinal plants are cultivated and brought into markets and internationally marketed too.

Work of Prakash and Gupta and Dwivedi, Dwivedi and Patel is inline in concluding poverty as the main economic reason which make the residents of the India to seek the traditional and herbal healers to sort out their health issues.

Ethno botanical investigation of medicinal and Aromatic plants at the higher altitudes of Pakistan by Khan, Razzaq and Islam (2007:470-473) revealed that Himalayan region ranges with the 70 percent medicinal plants. The 70 to 80 percent of the population of Swat depends upon the traditional medicinal plants for curing their ailments. The local people rely on these primitive methods because of their low income and affordable prices of the herbs and effectiveness. The author suggested these medicinal plants should be cultivated on wide range so that the marketing of these medicinal plants can be helpful for the poor locals to improve their economic conditions. Khan, Razzaq and Islam have settled with the work of Dwivedi, Dwivedi and Patel (2006: 60-63), concluding that low income of the local people diverts them to take relief from traditional healing methods to treat their diseases.

[14]a small herb which is most used in India by the traditional healers and practitioners which is available in all the Grocery stores to treat a variety of ailments.

Ahmad, Khan and Zafar (2008:421-424) discussed the importance of traditional herbal cosmetics used by the local women communities in the district Attock of Northern Pakistan. They mention that the overall 40percent species consisting of 38 genera and 34 families are used for making the herbal cosmetics. According to them, the local people establish a relationship with the prevalent natural resources, thus using every term to give a positive result. The local women mostly rely on the herbal cosmetics, as they perceive them less expensive and easily available to intensify their beauty and make them look younger. Authors have agreed with stated researches in demonstrating the herbal treatment as cheap and affordable for all the community and furthermore they can be used in international and national marketing.

Foster (1995, 29-34) elaborated the circumstances that prompt the people to seek the health care methods in order to cure their illness. The study of the Ghana revealed that 94percent of the rural community treats their malarial problem with either self-treatment or by the use of the traditional healing systems. The formal health services are conceived as unrealistic, inappropriate and poor quality. The main reason for seeking traditional method is the economic barrier and the cost of health care. Furthermore, the fees for health services are also high. Foster has also shown a sign of settlement with above authors that the herbs are economically feasible and have no side effects which mold the health seeking behavior.

Sumeet *et. al.,* (2009, 326-28) analyzed the terms which are serving factor for seeking herbal remedies in treatment of Scorpion bite by the people of Malwa, India. Study documented that the population of these areas living under the poverty line, the disease and hunger motivates them to take the help from their surrounding environment that are large forests. Herbs and medicinal plants are extensively available in the area; they cured variety of the ailments. According to study on disease caused by snake bite in Malwa, there are 8 medicinal plants which can be used as the herbal remedy for the patients and it results into a stable condition. Thus, the poverty and the locality are the main reason that diverts people's attention towards using of traditional ways of treatment.

Tabi, Powell and Hodnicki (2006: 52-58) document the role of traditional healers in Ghana, in West Africa. The study concluded that the health status is poor in the

country and the life expectancy is below 60 years. Furthermore, the poor infrastructure, malnutrition, infectious diseases and lack of access to medical facilities particularly in the rural areas divert the health seeking behavior towards the traditional healers. The people find it more efficient, right and effective. Debate of this section reflects that such authors have also agreed on the point of economic crises and barriers as one of the reasons to adopt the traditional ways of treating the ailments.

2.8 Social Reasons of Seeking Herbal Treatment

Pertinent social reasons mentioned by Vincet and Furnham (1996:37-48) while evaluating the causes which divert patients towards the use of complementary medicine is its effectiveness with less side effects as compared to the western medicine. Chronic patients encounter with many antagonistic effects after using modern drugs, while the complementary and alternative medicine have a healthy impact on the life. The other reason is the communication gap and resistance between the doctors (specialist bio medicine) and the patients along with the easy availability of the complementary medicine as contrast to western medicine. Adding to the social determinants, Combie (1996: 933-945) mentioned the treatment seeking behaviors of the residents of Africa for curing of malaria. There are multiple treatment methods used by the people, which range from official health sector, village health workers and most probably the self-treatment by a drug anti-malarial. Kassaye *et. al.,* (2006:127-134) described the historical overview of the traditional practices in Ethiopia. According to his analysis, most of the people use the traditional healing methods for curing the diseases because of the poor access to the bio medicine.

The herbal medicine used in the Saudi Arabia is analyzed by Al-Rowais (2002:1327-1331) which indicated that the social reasons for approaching the alternative medicine is the quick and long-lasting aid. Moreover, the patient faces failure of the medical treatment. Overall, 18 percent of the diabetic patients use herbs to control their illness while 73 percent did not communicate with their doctors about the usage of the herbal medicine. This is the matter of concern because consuming the herb by diabetic patient is not dangerous but not discussing with the doctor and having no knowledge and education regarding the use of both methods at same time can be a threat while taking it along with the medicinal drugs prescribed by the specialists. Al-Rowais

further mentions that the proper teaching of the alternative methods can make the safe use of the herb with improving the effectiveness of this treatment.

Abbasi *et. al.,* (2010:175-183) documented the use of herbal medicines by the inhabitants of Abbottabad, a district of Pakistan to cure various ailments. He argued that there are 6000 plant species from forest (wild plants) and from them 400-600 plants have the medicinal importance. The vast proportion of the plants used by the *Tibbs*, Herb seller and grocer (Pansari), *Hakeem* (local physicians) are the floral and vegetable parts without proper collection and the botanical importance, thus neglecting the ecological zone of the herbs. The herbs are used by the locals, due to its easy availability and purchase power.

The cultivation of such plants should be made a practical step for making the future generation to follow a reliable and effective traditional treatment to cure their illness and the traditional knowledge could be save from being endangered. Along with them such plantation and cultivation can also help the local people to earn their income by delivering the herbs to urban slot or the international zone. Abbasi agreed with all the above-mentioned researches in viewing the use and the importance of the traditional treatment by herbs to treat and cure a variety of illness and health problems. Secondly, this system is effective; the suitable information and increase literacy about the collection of herbs by local regarding the importance of ecological cycle of the plants and the herbal treatment can conserve it for the next generation.

The alternative health care consultations in Ontario, Canada narrated by William, Peter and Jeanette (2011:1472-6882) suggest the reasons to adopt this care system. According to them, it is entirely based on the social aspects of health, ailment and comfort along with the social and the spiritual attention of the patient and the practitioner. The health characteristics and the socio-demographic factors of the people of Ontario compel them to use herbal cure system. Data analysis show that the women with chronic diseases think that their prolong health problems can be solved by the traditional medicine and alternative methods which are massage therapy, acupuncture and homeopathy. They feel comfortable while consulting the traditional practitioners but apart from these many people use these methods due to their low social and economic status. William and all have modified the work of above writers

thus concluding that there are different reasons of the patients to adopt the traditional treatments and usage of the herbs depending upon their socio-demographic profile, place of residence and access to the treatments.

Hamayun, (2007:636-641) stated that the local residents of the Swat valley rely proportionally more on the medicinal plants to cure their ailments. According to the study there are 40,000 practitioners registered in Pakistan and 60 percent of the population use herbal prescription as a remedy for their health problems. This valley has many of the important medicinal plants, which are collected daily by 500 families for marketing. This act is all depriving the region with such plants as there is no education for further cultivation and conservation of these medicinal resources. Furthermore, it may also be a threat to the local community as well as they have no high social status to reach the allopathic medicine to deal with their ailments. So, government should induce a constructive policy regarding the safeguarding and educating the illiterate people about plucking and ecological cycle of herbal plants and protecting them from being endangered.

The herb and herbal constituents who are active against snake bite in India mentioned by Gomes *et al.* (2010:865-878) are medicinal, very precious and valuable. In India nearly 2, 50,000 snakebites occur per year majorly in rural areas. These residents go to traditional healers and practitioners for treatment due to easy access and available herbs to cure the snake bite illness, treatment is cheap. According to WHO 80 percent of the world population majorly in developing countries rely on the traditional and primitive health care, thus it reflects that the medicinal plants are of great worth and the further cultivation can be useful in treating different ailments which may cause adverse effects by treating allopathic medicines. This author has simply approved with the research of all above researchers displaying that medicinal herbs are active agents against certain diseases with long term relief.

Bongioro, Fratellone and LoGuidice (2008:1-24) documented the medical use of garlic. This is used in food spice either in powdered form or in capsule. Analysis of study revealed that garlic has antioxidant, anti-inflammatory, and herbal antibiotic and antimicrobial feature. So, enormous valuable and useful possessions of garlic show that many herbs are a source of treating and curing the chronic diseases effectively

and cheaply. It is actively used to treat diabetes, obesity and many cardiac problems. The children without any side effects can easily consume it. These evaluations depict that the authors of the study agreed with above all work and close the arguments on a main point that the patients with different health problems have many social causes to take the aid from the traditional herbal healers and practitioners to attain a long-lasting good health.

Hollen and Coale (2003) has asserted that even childbirth is affected by globalization and quotes the example of India, where the trend of home births assisted by midwives, changing towards hospital births with increasing reliance on new technologies. Lastly, Chawla and Ellis (2000) observed increased utilization after improving efficiency at public facilities.

2.9 Conceptualizing Epidemiological Issues and their Herbal Treatment

The medicine which deals with the occurrence, forms, causes and effects of health and disease conditions in particular population is known as epidemiology. The following is the debate conceptualizing epidemiological issues and their herbal treatments.

Bentley (1988:75-85) opined that the mother feeding was given more importance in epidemic diseases. Here, the problem was that the women perception regarding health care was constructed negatively regarding ORT[15]. Native thought that it was not eradicating the diarrhea in their child. Less knowledge of such therapies built a wrong concept in the local people, which perceived the therapies as only preventive rather than bringing complete cure of the ailment. The home remedies were found to be more effective and the use of herbal fluid stables the child health. So, this epidemic is taken differently by various people of diverse community. The perception taken from the presence of disease and the ways to adopt the variety of treatments also alter.

The Anti-tuberculosis treatment defaulting in Chipas, Mexico has been studied by Reyes *et al*., (2008:251-257). According to the scholars, the concept of the disease, its

[15]Oral Rehydration Therapy is a type of fluid replacement used to prevent and treat dehydration, especially that due to diarrhea. It involves drinking water with modest amounts of sugar and salts. Its other formulations can be made at home.

spread and the response to it are persuasive by the social, cultural, economic and political factors of a specific society. The poor areas and the indigenous community perceived the health care systems differently from the developed areas. The patients with disease anti-tuberculosis face many hurdles in achieving appropriate treatment which resulted in a defaulting of the ailment. The poor people who seek conventional methods and physicians were not satisfied as the communication barrier and the non-attentive attitude of the doctors remains their main concern. On other hand the majority people find traditional healing ways more convenient although they were also not active in finishing the disease but were preventive in regressing anti-tuberculosis. Research portrays that the epidemic disease is diagnosed and treated according to the social and political context of the particular area, selecting the traditional or herbal treatments depend upon the availability of the resources, satisfaction and the perception of the patient. Reyes has agreed with Bentley that the local perception of health, illness and the epidemiological patterns matter in selecting the herbal treatment or conventional methods.

Leung *et al*., (2011:379-388) mentioned an affective food supplement for the osteoporosis invading more in Asia. According to the study, aging is adding in the Asian women due to the continuing loss of bone minerals in the body. The uses of drugs are not workable as its ingestion has affected the normal balance of the bone metabolism. So, to overcome such difficulties a food supplement needs to be made on the basis of natural extracts. The combination of three herbs resulted in making of a Chinese herbal medicine, which is active agent in giving support to maintain bone health. So, the use of herbal treatment in curing this epidemic is increasing day by day as the bio medicines resulted in the side effects. The research concludes that the traditional treatment is effective with no side effects in treating the disease osteoporosis in Asia. Thus, this study is in conflict with above work as they recognize the herbal treatment more valuable in preventing diseases rather than focusing on the epidemiological patterns and the local perceptions about diseases.

Adams, Sibbrit and Young (2005:443-447) have estimated the herbal usage and naturopathy by the mid-aged Australian women suffering from cancer. According to their studies and 2001 data analysis, 11,000 Australian women were found to be the cancer patients this was characterized as an epidemic, which prevailed at that time out

of them 15.7 percent mid-age 50-52 years women consult the herbal practitioners for curing or regressing their ailment. It was all taken as preventive measures for their illness and was also used alongside with the bio medicines. However, the doctors and physicians were also informed of this usage as they further monitor the impacts of these herbal treatments. These results and discussions show an approval with Leung and his teamwork that the herbal treatment is a preventive measure for epidemic diseases without granting the social and political factors as Guillen and Bentley mentioned.

To synthesize and conclude, the themes mentioned above articulate around the debates inherent in Medical Anthropology and Health Care. The authors have deliberated how medical anthropologists deal with the health of individuals and its interrelationship with environment and the other species around them even in changing global patterns of time and space and indeed the cultural norms, micro and macro politics of health and social institutions affects the local spheres in its true spirit. Moreover, culture does determine the experience of illness, the practice of medicine and the process of healing for the individual as well as the community as evident in the research locale too. Still, the four bifurcations of the health elements are duly mediated through socio demographic features of the people. The utmost importance and role of the family in health and medical care where it plays a significant role in defining the causes and reasons of the disease of a person along with the selection of health treatment unit and the recovery of the patient. Lastly, the pluralistic medical models depict that the highly specialized elite doctors give treatments to the rich elites while the large poor masses use the services of common doctors.

The second theme promotes Health Care as Fundamental Human Right wherein it revealed that access to health care, in Pakistan, is indeed much expensive leverage while primary care is a privilege unlike by those who have sufficient wealth and resources. Poverty nexus underpin and thwart any modern medical recourse. Pain management is dealt indigenously due to continuous government failure to provide the health facilities to masses. The poor medicines and disreputable practice and repeal of the fundamental human health right are the threats to health care in the area specifically and in the country generally. Health inequity is dialectical to human

equity in the Bhara Kahu town. The poor people who are already at a disadvantage is more at risk when given a poor health system to cure their illness, so the wealthy people are able to get advance and beneficial health care facilities.

While sketching the emergence and evolution of indigenous health care, cultural and social roots, political structure and the way of governance paved a way to the diverse arrays of health care systems. The argument stresses on the primse that health system varies according to regional and social disparities. Civil societies have always triggered the contemporary and indigenous health systems. Although World Health Organization has a reservation in the structural determinants that health inequities for poor people make them away from contact of primary health care.

Cultural influences on the indigenous people in all aspects and if the case is of health promotion, it diverts them to use the traditional ways of curing the diseases and achieve a long-lasting ease i-e, the use of folk medicine in healing malaria with the medicinal plants based on the traditional beliefs. Even in Buner-Pakistan, cultural and traditional variables along with other socio-economic factors divert attention towards seeking the traditional ways and methods for curing the ailments. Rural areas have great faith in the traditional medicinal healing systems, which are based on the traditional health efficacies; people follow the system due to the influence of social beliefs and traditions of rural culture. Apart from the belief that vegetable drugs are more powerful in their efficacy than western medicines; the young generation consider herbal drugs as less costly/profit oriented. Foster stressed on exclusion and inaccessibility as well as cultural factors that ultimately impinge on health care decisions.

Chapter No. 3

CONCEPTUAL FRAMEWORK

All thinking involves theories, because they significantly influence how evidence is collected, analyzed, understood and used. As an imperative, the philosophical and theoretical basis of study is explored in theoretical framework, which helped outline the phenomenon being studied. Accordingly, in a critical but flexible and creative way, the present study has attempted to incorporate theory in qualitative designs. All anthropological researchers have progressed in their work from the recognized theories that has been deduced from the work of classical anthropologists or they inductively have framed a new theory based on their research. As a matter of fact, all cultures have shared ideas of what makes people sick, what cures them of these ailments and how they can maintain good health through time. This cognitive development is part of the cultural heritage of each population, and from it, empirical medical systems have evolved based on the use of natural resources. In lieu of it, conceptual framework has been developed from diverse arrays of paradigms and theories to synthesize the propositions with the primary data.

Medical anthropology looks at cultural conceptions of the body, health and illness. Medical anthropology is the study of ethno-medicine; explanation of illness and disease; what causes illness; the evaluation of health, illness and cure from both an *emic* and *etic* point of view; *naturalistic* and *personalistic* explanation, evil eye, magic and sorcery; biocultural and political study of health ecology; types of medical systems; development of systems of medical knowledge and health care and patient-practitioner relationships; political economic studies of health ideologies and integrating alternative medical systems in culturally diverse environments. These diverse arrays in culture construct ethno medicine with a primary focus on the decision- making process.

To understand decision-making processes for individual health in their cultural context, one needs first to understand concepts of health and illness. In all

communities, illness is a phenomenon considered threatening to the individual, his/her group and society as a whole. All societies have, therefore, developed coping mechanisms of which medicine and magic are the most important. The experience of disease and death is one of uncertainty and powerlessness in the face of nature and the supernatural. The inability to predict the onset of ill health and the doubtful results of many medical interventions are the main sources of uncertainty in human life, in order to overcome which every society establishes its own action systems specifically designed to relieve not only pain and suffering but also anxiety and tensions. Surgical, physical and pharmaceutical remedies are only a part of these coping mechanisms. Societies create and maintain, a rather, specific philosophy of disease and death which may be interpreted as basic and as an important element in the attempt to deal with uncertainties in human life. That is why elaborate concepts of disease, are part of philosophy of life and death. Inherent in its approach, the medical anthropology has characteristics of inter-discipline and holism, being non-judgmental, dis-aggregative and highlighting cultural perspective. It has local and global interests, focuses on individuals but also on populations, groups and societies. It adopts methodological pluralism with innovation and sensitivity; the discipline is comparative in nature and research is inclusive of the study of language, symbols and rituals including those which are ‘diffuse’, ‘muted’ and non-formalized knowledge.

Ethno-medicine is a comparative study of native or indigenous system of medicine. It focuses on the etiology of disease, the role of practitioners in health care and the types of treatment administered. It is also a comparative study of how different cultures view disease and how they treat or prevent it, with a focus on medical beliefs and indigenous medical practices. Fabrega (1975) advocated examination of problems in light of their roots and sources, human organization, properties of diseases, and the practice of medicine in a given culture.

This study seeks to ground part of analysis on the philosophical underpinnings of theory of medical anthropology. The socio-economic, cultural and psychological factors motivate the respondents to often make difficult choices related to their health problems as well as to maintain optimum level of health, thus directing their health seeking behavior with the limited resources. This shows how health problems occur

altogether on a micro and macro level in the absence of progressive policies for individual health.

The chapter synthesizes the two major theoretical debates namely: medical ecological theory and cultural interpretive theory. Contributions from these theoretical perspectives highlight various dimensions relevant in the analysis of research problem that assist the researcher in the construction of a middle ground perspective, which brings macro societal forces and processes, as well as individuals' experiences together. The concepts inherent in propositions assisted the researcher in studying how respondents seek recourse from indigenous health care at large and from herbalism as a mode of ethno medicine prevalent in the social fabric of the host society. By discussing these theoretical approaches, the broader social, cultural, political and economic conditions which contextualize respondents' experiences of disease, illness, sickness and distress is thematically analyzed. Throughout this discussion, ample emphasis has been shed on the links between these individuals' experiences and the societal forces acting upon them, without losing the perspective of individuals' capacity for agency and resistance.

3.1 Medical Ecological Theory

Ecological anthropology, underlying the continuous interaction between culture and the environment, developed a conceptual framework that could be useful in medical anthropology. Medical ecological theory focuses on ecological determinants of disease and suffering and considers both the natural environment and social environments in which an illness occurs and is treated. It thus accounts for system-based variables and human adaptation.

McElory and Townsend (1989) compiled the first edition in 1977 at a time when few texts on medical anthropology existed, taking as their framework 'the ecological model and the concepts of medical ecology'. The theory was later formulated by Alexander Alland in 1970, who postulated that behavioral or biological changes at either the individual or group level support survival in a given environment. Thus, health is seen as a measure of environmental adaptation. A central premise of the medical ecological orientation is that a social group's level of health determines the

relationships within the group, with neighboring groups, and with the plants, animals and other features of the habitat as asserted by McElroy and Townsend (2003) too.

Medical anthropologists combine evolutionary theory and field methodology to study the ecology of health. Ecological anthropology, underlying the continuous interaction between culture and the environment, developed a conceptual framework that could be useful in medical anthropology. Medical ecology has provided some key organizing principles for medical anthropology. Although no single approach 'unites the field', according to Landy (1983: 186), there is 'broad tacit consensus' that ecology and evolution are core concepts (McElroy and Townsend, 2003: 10).

Medical ecologists also point to the importance of behavioral adaptations to health threats. McElroy and Townsend note the indigenous development of snow goggles that protect the eyes of arctic dwellers from the harsh and damaging glare of sunlight reflected off ice and snow. Also, from the medical ecological perspective, behavioral complexes like medical systems, including everything from shamanistic healing of soul loss to biomedical thromboendarterictomy (the reaming out of the inner layer of a sclerotic or hardened artery) can be viewed as "sociocultural adaptive strategies" (Foster and Anderson 1978: 33).

3.2 Cultural Interpretive Theory

As a reaction to the dominance of the ecological perspective on health issues, Byron Good (1994) provided an ample space by conceiving cultural interpretive or meaning-centered approach in medical anthropology. For him, the emergence of the cultural interpretive or meaning-centered approach in medical anthropology was a direct reaction to the dominance of the ecological perspective on health issues. Ecological medical anthropologists have treated disease as part of nature and hence as external to culture, however the fundamental claim of the cultural interpretive model, introduced by Arthur Kleinman, is that disease is not an entity but an explanatory model. Disease belongs to culture, in particular to the specialized culture of medicine and culture is not only a means of representing disease, but is essential to its very constitution as a human reality (Good 1994: 53).

Arthur Kleinman introduced this approach and it focuses on semantic determinants of disease and suffering, culture, interpretations of symptoms and illness and social construction. This approach regards disease not as an entity but as an explanatory model. From the cultural perspective, disease is experienced through a set of interpretative activities, which give it meaning. This meaning may be similar among the healers and patients or dissimilar. The disease is thus a concept constructed by culture.

These concepts can be defined as patterns of ideas concerning the causes, manifestations, definitions and value implications of events considered, in a given cultural context, to belong to the realm of disease into the social system. Concepts of disease are every day social elements and not esoteric expert ideologies to maintain the value system or exercise power over the ignorant. What is defined as disease and how it is interpreted is part of the notion of human nature and generally of cognitive order systems rooted in the mast ring and acquisitions of nature, opined Flanz and Keupp (1977:386).

Flanz and Keupp further stated that concepts of disease in most cultures have five distinguishable features i.e. the general delineation of disease as distinct from other events (including its definition and interpretations); manifestations of disease - the organization of signs and symptoms into distinct disease patterns; general and specific classification of disease; cause of disease and moral and other value implications of diseases.

This theory has been criticized because of inadequate attention towards the power and justice dynamics in the society, which maintain the social dominance of certain groups. Adding up to it, Lash and Urry (1994) put forth the idea of reflexive communities while Harvey (1996) stressed that we look at the way people actually perceive roles and experience risk. When applying this model to health, one needs to understand the local concepts of illness, its perceived causes and its moral and value implications.

3.3 Propositions of the Theories

The core propositions which have been comprehended from the theoretical frameworks stated earlier are;

1. People express their lived experience in biological, ecological and societal perspective thus shaping the population health and illness. The nature, internal mechanism of the body of the individual, the environment surrounding them and the society in which one live, all marks its influence thus producing certain outcomes.

2. The present and dynamic social patterns of property, power and reproduction of the biological and social life outlines the society's epidemiological profiles.

3. The proposed framework shows how social, economic political (govt.) apparatuses give birth to a set of socioeconomic situations, whereby inhabitants get motivated to seek recourse from alternative health interventions in general and ethno-medicine in particular.

4. These socioeconomic situations in turn form specific determinants of health position, which is the meditative of people's residence within social hierarchies. These are found on the individual particular social status and different experiences that they face when they come in contact and vulnerability to health circumstances.

5. The health inequalities determine the decision-making choices where power, prestige and discrimination influence and get influenced by intermediary determinants of health system.

6. This also triggers and molds the health seeking behavior of the individual to the different health services based on exposure to intermediary factors and vulnerability to the onset of disease or ill health.

7. The disease mechanism that is something in the body whose deficiency or sufficiency can trigger the disease state of an individual is not primarily alone enough to explain the disease distribution in any society as the complexity arise with the place and time.

8. The social and economic conditions outline the nature of the disease and generate the image of the way of life due to the existing arrangements of power, class and prestige. This also reveals the selection of the certain health systems and interactions with the ethno-medicine practitioners.

9. To sum up, structural and social determinants affect and is affected by intermediary variables which ultimately determine choices to seek efficacy from herbalist healing.

3.4 Application of Theories

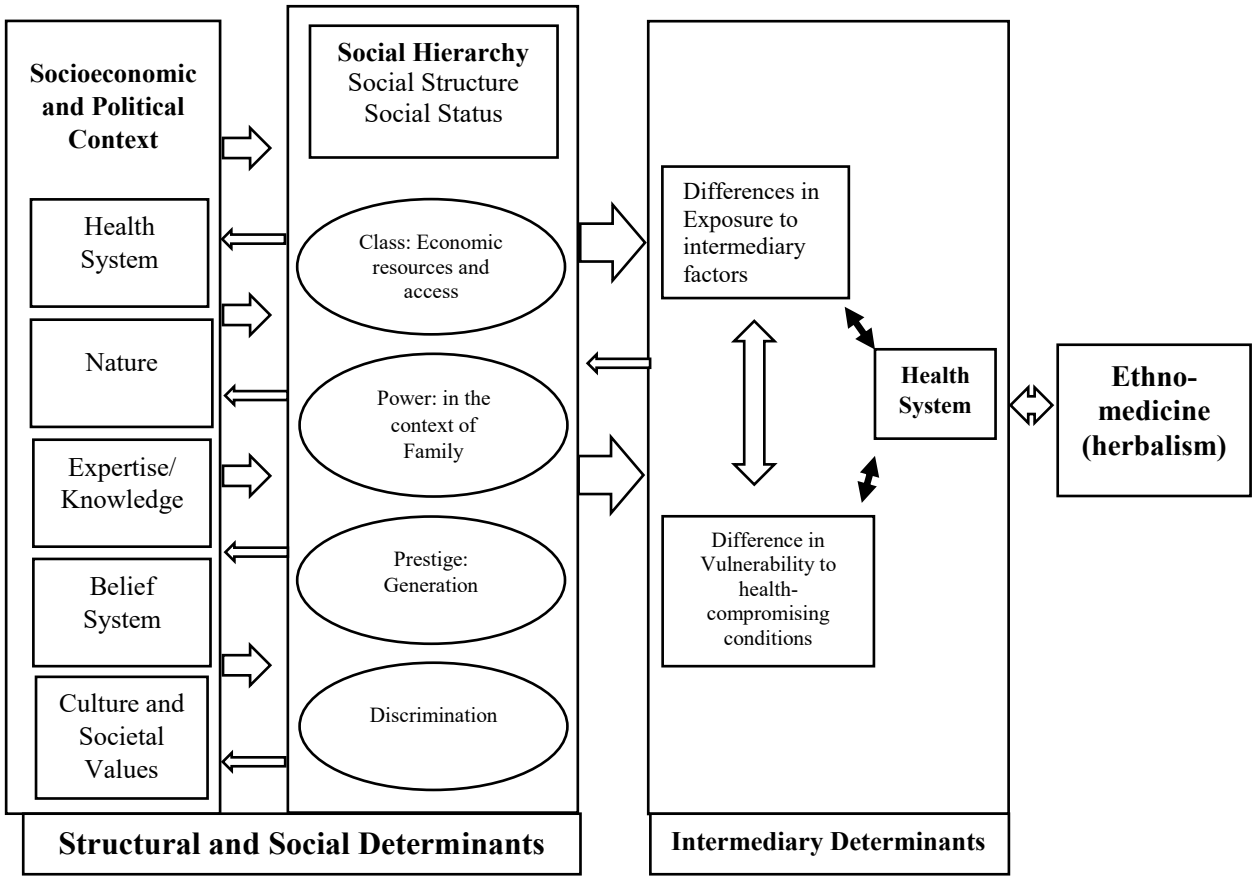
The theory postulates in a logical way and act as a driving force for the theoretical propensities of the research objectives. An attempt has been made to apply the said theory on the current research:

1. The area of Bhara Kahu Islamabad comprises of a long chain of herbalists' shops / clinics, which had variety of herbs and herbal drugs. The respondents (patients) visiting these stores were all, belonged to heterogeneous groups and to every class structure but primarily of the middle and lower class. Located few kilometers away from Islamabad, it welcomes vast and diverse residents who migrate and settle from all over the country for improving their economic conditions.
2. The patients' health conditions depicted their biological, social and ecological fabric. The health inequalities in their region were the base of the disease production and distribution. The social and economic conditions outlined the nature of the disease and generated the image of the way of life afforded by people who visited the herbalists' shops due to the current societal arrangements of power and property. The poverty, epidemiological issues, cultural construction, efficacy of herbs, efficiency of the treatment, affordability and domestically easy preparation of the herbs and prescription for the curative purposes were the factors which dominated for the opting the herbal treatment by the residents.
3. Moreover, in the study area, the herbalists who were the owner of the shops established their business as they perceived that the economic conditions were dragged to a better position due to sale of the herbs to the patients as the most people nature of disease was somehow understandable by them and the desired outcome of curing the disease was also achieved by the patient.

4. The patient's interaction with the living environment thus molded his or her health seeking behavior and they preferred to choose the alternative ways of healing diseases due to changing environment and the nature of the disease. The population satisfaction was increased by the communication with the herbalists as the mode of treatment as they holistically viewed and treated them. The bio-medical domain was not the option left for the dwellers as the social disparities had forced them to utilize the alternative ways of the healing system for achieving the well-being of life.

3.5 Conceptual Model

Figure 3.1 Conceptual Model



Source: Researcher's Work

To conclude, the above debate synthesized the theoretical approaches and propositions that described how respondents sought recourse from indigenous health care at large and from herbalism as a mode of ethno medicine. These theoretical approaches assisted a lot in explaining the broader social, cultural, political and economic conditions which contextualise respondents' experiences of disease, illness, sickness and distress. The decision-making processes for individual health are embedded in their cultural context, one needs first to understand concepts of health and illness. In the research locale, Bhara Kahu, illness is a phenomenon considered threatening to the individual, his/her group and society as a whole. As all societies have developed coping mechanisms of which medicine and magic are the most important, the respondents in the research locale also followed that legacy. Indeed, the experience of disease and death is one of uncertainty and powerlessness in the face of nature and the supernatural for which people establish their own action systems specifically designed for both acute and chronic ailments. The dwellers of Bhara Kahu town have created and maintained a specific philosophy of disease and death, which may be interpreted as basic and as an important element in the attempt to deal with uncertainties in human life.

The chapter synthesizes the two major theoretical debates namely: medical ecological theory and cultural interpretive theory. Medical Ecological Theory originally was conceptualized by McElory and Townsend which was later formulated by Alexander Alland. Landy and lastly Foster and Anderson further refined it into a framework to understand the role of behavioral or biological changes at either the individual or group level that support survival in a given environment.

Cultural Interpretive Theory came as a reaction to the dominance of the ecological perspective on health issues, which was formulated by Byron (1994) who is credited for conceiving cultural interpretive or meaning-centered approach in medical anthropology. Further, Arthur Kleinman (1988) stressed that disease is not an entity but an explanatory model as for him; it belongs to culture, in particular to the specialized culture of medicine where culture is not only a means of representing disease, but is essential to its very constitution as a human reality. Flanz and Keupp elaborated further five distinguishable features of disease in any culture, which was criticized Lash and Urry who put forth the idea of reflexive communities while Harvey stressed that we look at the way people actually perceive roles and experience risk.

Chapter No. 4

TOWN PROFILE

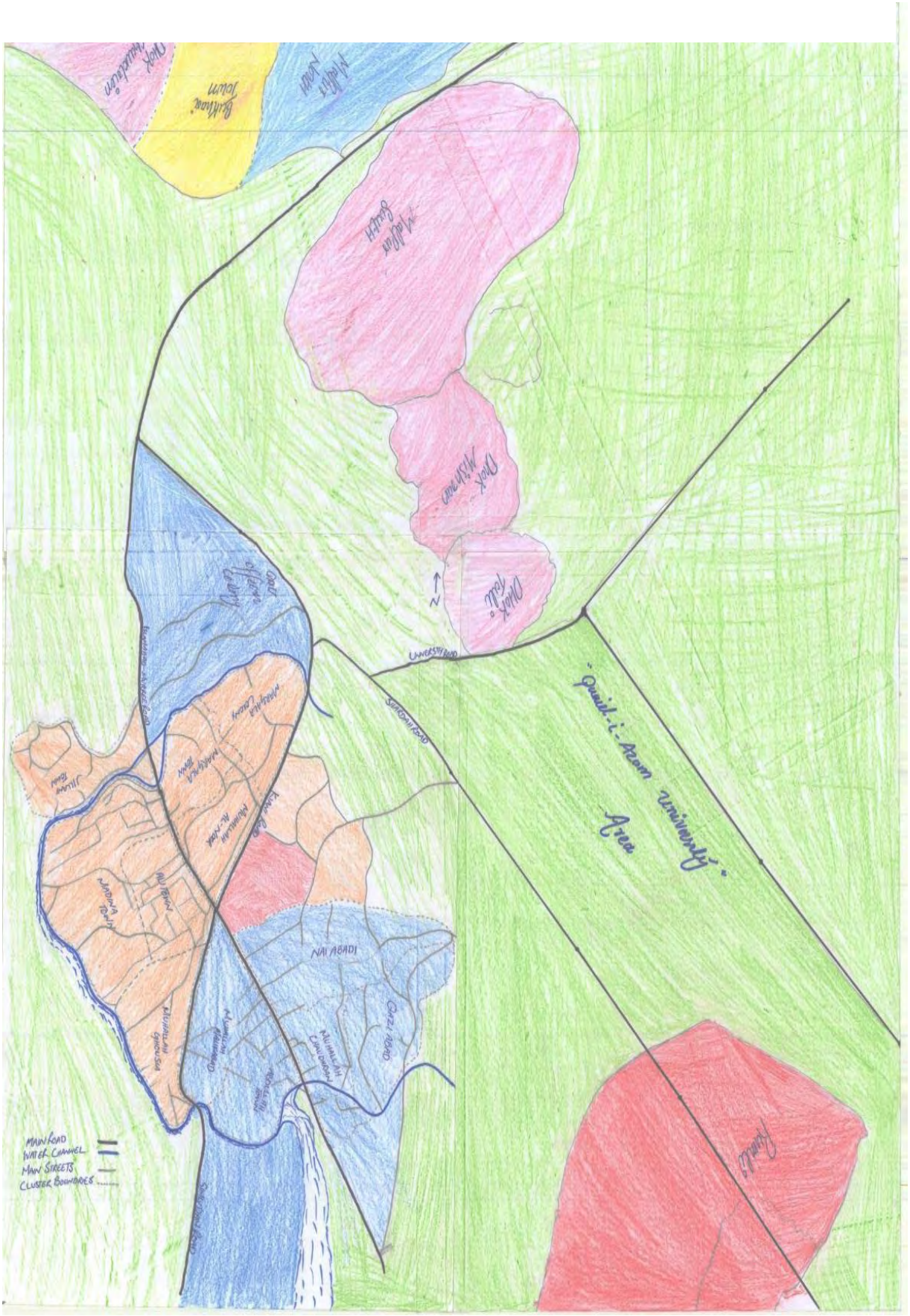
Cultural construction processes can be best understood in the context of area where dwellers of Bhara Kahu town, specifically and people of Potowar in general, are born, raised, married, give birth to their children, grow old, live the trials of deteriorating health and illnesses and experience multi-faceted ill health. Terrain, climate, economic conditions, cultural norms, values, religion, kinship structures, patterns of marriage, dietary practices and physical access to safe drinking water and sanitation facilities; all impact the health and determine the choices for seeking care for an illness, and therefore politics, historical experiences, economics and cultural orientations that interconnect in influencing social logic and social actions, opined Weiss (1991).

The current study focuses on Bhara Kahu which is situated in rural territory of Islamabad City located in Potowar region, a plateau area of 500 square miles comprising of districts Islamabad, Rawalpindi, Attock, Jehlum and Chakwal. This chapter presents the physical layout of the town, its demography, history and economy. Furthermore, the cultural institutions and health services across the geographical locations are discussed to provide an ample background and geographical perspective of the study.

4.1 Islamabad City

President Ayub Khan took initial step on February, 24, 1960 by shifting the capital to Islamabad where its land was acquired from Khyber Pakhtoon Khuya and Punjab. Earlier, Karachi was the capital of the country, which was anonymously selected at the time of independence in 1947. The word ‘Islamabad’ the name of current capital of Pakistan is the mixture of two words, Islam and abad, the Urdu word implies the meaning of place where people can settle down. So, etymologically, the word 'Islamabad' stands for the place where people can settle down by practicing their Islamic values. It is the only city within the whole country where the best town planning and famous engineering technology has been used to build it in distinguished pattern. The capital is surrounded by Haripur district of the KPK to the north and by Rawalpindi district of Punjab on the rest of all other sides. The city’s highest hot point is 1600 meters above the level of sea.

Figure 4. 1. Map of the Study Areas



Source: Self-constructed

4.2 Bhara Kahu Town

The locale which was selected for the present research study was Bhara Kahu town. The total population of the area was approximately 2,86,782 till 2016, according to union council record. The field site, Bhara Kahu town is situated in the rural territory of Islamabad capital.

Providing shelter to influx of diverse ethno lingual population and situation on the Murree Road, the town commences from Rawalpindi city and connects to the northern areas. There are numerous small towns or villages which are present in Bhara Kahu town such as;

1. Kot Hathiyal:
   Kot Hathiyal North (Muhallah Alnoor, Mango Town, Margalla Colony) and Kot Hathiyal South (Muhallah Ghousia, Madina Town, Muhallah Malikabad)
2. Qazi Abad
   Nai Abadi, Muhallah Chaudhriyan
3. Mal Pur
4. Ali Town
   Jallani Town, Ali Town and Abdullah Town
5. Rumali

4.2.1 Topography and Land Terrain

Bhara Kahu is a typical rural town of Potohar Plateau. In geological sciences, Potowar plateau is undulating, multicolored, picturesque and geographically an ill-defined area. Its land terrain is characterized by undulations--and irregularities, Potohar with 1,000 to 2,000 ft. upland is typically arid, presenting a mix of broken and uneven terrain with some irregular patches of smooth land. The rivers and seasonal streams have cut deep valleys, but these cannot be used for irrigation. The climate of research locale is characterized as semi-arid to sub- humid climatic region. It represents a typical version of humid subtropical climate. In winters, lasting from November to March, the temperatures vary from cold to mild, routinely dropping below zero with average low of 2 °c (35.6 °F) in January. In the hills, sometimes, there is sparse snowfall.

About fifty years back, this village was all surrounded by a thick forest with different kind of flora fauna, but with the expansion of population, the forest has diminished. The constructions of residential dwellings have also resulted in the shrinking of natural habitat.

The houses in the entire town are built on the streets having a steady slope with small mountains at the back drop and the ground level becoming flatter and lower as one moves towards the main road (Murree Expressway) that divides the town in the center. The town thus, has a natural water drainage flow. One common folklore that one key informant discerned was:

> *"Zameen hamwaar nahin; Mausam da aitbar nahin: Darakht phaldar nahin; Aurat wafadar nahin"*
>
> *[The land is not plain; The weather is not predictable; The trees do not bear fruit; The women are not faithful]*

4.2.2 Wild Life and Livestock

Tigers, leopards and cheetahs were found in higher range in Margalla hills parallel to Bhara Kahu town in the eighteenth-century Robertson (1895). In those times, the region was covered with scrub forests, which has been reduced to scanty growth in present times. With the loss of habitat, many species of Wild life have ceased to exist here. A factor in the eclipse of tigers from this area has been the belief that evil spirits find an easy prey among pregnant women and new born children, and these .spirits can be scared away by burning meat of Tiger (Cheetah) on the bed side of a mother and her child in particular and the general patients in general. Presently, the area is left with animals like the pig, wolf, jackals, boars, and foxes. Partridges (grey and black), see and chakor are supported in these habitats. Many varieties of songbird fauna also exist in this area.

Livestock have been the traditional source of revenue for the people living in *barani* areas and still account for major proportion of their income. In rural areas, livestock is an important source for income and possesses ready cash and this is true for this town. One fifth of the town households who are permanent dwellers own livestock. The presence of cows and buffalos has ensured easy availability of milk, butter and desi

ghee[16], which is also used as a healthy food ingredient. Domestically, chicken and goats are kept as their possession symbolizes prestige and honor among the neighbors.

4.3 Demographic Profile and Selection Criteria

Obtaining impetus to the multi layered socio-economic characteristics of a population yield ample background in exploring, discerning and hence suggesting intervention in particular research locale.

This section of the chapter seeks to understand the lives of inhabitants of the Bhara Kahu generally and the sampled households specifically, the basis of their profile including family structure, age, gender, marital status, literacy status, cultural characteristics including caste and language. The study deciphers data to understand family structure in the town along with distribution of family type and by some selected socio-economic and demographic characteristics. The data presented in this chapter aims to provide a context to discussion, in the next chapters on exploring the space available to construct, negotiate and help to improve their health.

Table 4. 1. Distribution of the Households across Village Clusters

Sr.	Name of Village Cluster	Total Population *	Sampled Population**	Sampled Herbalists
1	Kot Hathiyal North (Muhallah Alnoor, Mango Town, Margalla Colony	1,01,195	498	5
	Kot Hathiyal South Muhallah Ghousia, Madina Town, Muhallah Malikabad	1,09,365	548	6
2	Qazi Abad Nai Abadi Muhallah Chaudhriyan	17,737	78	1
3	Mal Pur	16,776	55	1
4	Ali Town Jallani Town Ali Town Abdullah Town	40,718	135	3
5	Rumali	991	18	None
Total Population		**2,86,782**	**1332**	**16**

Source: *Union Council Record and Census Survey

** Study Universe

16 Oil extracted domestically from butter.

The table delineates the distribution of population who were selected for the present study across the village clusters of Bhara Kahu Town. Overall, 1332 individuals were selected. The basic units for the collection of Census Data were households, 238 households selected for obtaining census survey. From each village cluster e.g. from *Kot Hathiyal (North, South)* the selected households were (89 and 98 respectively), from *Qazi Abad* 13 households, from *Mal Pur* 11 households, from *Ali Town* 24 households and from *Rumali* 3 households were selected for formation of universe for the study. *Kot Hathiyal* had a significant population and was relatively prone to the usage of herbs for the maintenance of their health as compared to the rest of the clusters.

4.3.1 Age and Gender Segregation

Age and gender are associated with health seeking behaviors. Although optimal health is perceived as a priority, yet often this perception is not translated into preventative action. The table below depicts the impact of respondents' age on their gender and how they both influence one another.

Table 4. 2. Age and Gender Distribution of Household Population

Categories		Gender		Total
		Male	**Female**	
Age	1-10	31	41	**72**
	11-20	25	68	**93**
	21-30	162	174	**336**
	31-40	176	189	**365**
	41-50	149	171	**320**
	51-60	68	78	**146**
Total		**611**	**721**	**1332**

Source: Census Survey

Table indicates the distribution of the universe regarding age and gender. The total numbers of respondents are 1332 from 238 households. In which the majority of the respondents, lies under the age bracket of 21 to 50 years old. The analytical differences regarding the age of respondents were their concerns towards the

traditional healing system thus they visit more often the herbalist as compared to the other age groups. Secondly, the male respondents were more visitors of the herbalists as compare to females because of female mobility issues, they were more dependent upon their male family member to purchase the herbs and herbal drugs from herbalist shop.

4.3.2 Number of Households

The population is a specific word, which uses to present the number of individuals they lived in a specific territory, while the demographic features of the population are based on numbers of men and women. The total number of households that were selected for universe was 238, while their population was 1332 individuals of all ages being the representative of all the population mixture of many economic classes, ethnicities as well as different caste groups.

4.3.2.1 Type of Houses

Table 4. 3. Distribution of Housing Pattern

Sr. No.	Categories	Frequency	Percentage
1	Kacha	26	10.9
2	Pakka	157	72.0
3	Mixed	55	23.1
	Total	**238**	**100**

Source: Census Survey

Table explains the housing patterns in the form of household construction. From the total number of households seventy-two percent were *Pakka* houses, while the ten percent were *Kacha* and twenty-three percent households were constructed by mixed housing material. The majority percentage of *Pakka* houses indicated that the respondents had enough resources to construct their houses.

During analysis, the types of households were analyzed with the economic status of the families and their herbal usage patterns for making the study more in-depth and scientific. It was observed that the herbal usage in Kacha and Mixed households were more than of the dwellers of Pakka houses. It was because economic stability provides more opportunities to spend more on health care.

Table 4. 4. Cross Distribution of Households' Plot Size and Number of Rooms

Categories		Number of Rooms				Total
		1-3	4-6	7-9	> 10	
Size of Plot	Less than 5 Marla	42	10	3	1	56
	6-10 Marla	7	106	10	3	126
	11-15 Marla	5	9	21	3	38
	20 Marla	3	3	7	5	18
Total		**57**	**128**	**41**	**12**	**238**

Source: Census Survey

Table indicates the households' size of plots compared with the number of rooms in the house. From the total number of the households the majority one twenty-six people had 6-10 Marla plot size and one hundred and twenty-six households had 4-6 numbers of rooms. The high proportion of the 6-10 Marla plot size indicates that the owner of the house mostly belonged to the middle-class families and they could afford. Secondly, the numbers of rooms of 4-6 also represents that this size of plot had average rooms for residency of the inhabitants. There were very less households i.e. fifty sex which had poor families as well as the eighteen households who were enjoying the high status regarding the residual area.

Table 4.5. Distribution of House Ownership

Sr. No.	Categories	Frequency
1	Owned	98
2	Inherited	32
3	Rented	74
4	Shared	34
	Total	**238**

Source: Census Survey

The distribution of the house ownership depicted that the respondents owned ninety-eight houses, while the respondents inherited thirty-two houses. The majority figure reflects that the respondents had sufficient saving to purchase the house and save themselves from the problems of rent and sharing the home. Their savings made them more users of doctors rather than herbalists or herbal practitioners. The second major

category was of those who were residing at Bara Kahu in rented houses, though the monthly rent was less comparatively (from other areas of Islamabad) but the number of houses described that they were coming from other areas of the country and lie under the category of 4, 5 and 6 in the income table. They came here with their indigenous knowledge of herbs, which diversified present research study. The third one was thirty-four houses, which were shared with other relatives; it was commonly observed that the shared household members have same responses regarding any experience.

4.4 Social Organization and Social Stratification

The residents of the locale had very close interaction and co-operate with each other. The recent increase in the population of Bhara Kahu town has surfaced not later than two decades back. One of the supporting factors to this urban sprawl has been the migration after the national catastrophe of 2008 earth quake in the upper plateau of Pakistan as well as the quest for the betterment in the lifestyle as the town is adjacent to Islamabad. The influxes of families to the town have brought with themselves their traditional lore and habitat and till date are struggling to uphold their traditional fabric. The elders of the families resolve all the conflicts between the local people. It was evident that people who migrated from high altitudes they come down and wanted to live with their relatives.

Table 4.6. Distribution of Households and Respondents at Provincial Level

Sr. No.	Categories	Household	HH Members	Respondents
1	Punjab	86	492	80
2	Sindh	7	47	9
3	Balochistan	13	79	15
4	Khyber Pakthoon Khuya	73	410	70
5	Gilgit Baltistan	15	44	18
6	Azad Jammu Kashmir	18	111	15
7	Federally Administered Tribal Areas	26	149	31
		238	**1332**	**238**

Source: Census Survey

Table indicates the households linked with different ethnicity in relation to their ethnic background. From the total number of households, eighty-six households were from Punjab with a high population (four hundred and ninety-two), while seventy-three households were from Khyber Pakhtoon Khuya with the average number of inhabitants of four hundred and ten. The third major portion 26 households comprise of 149 inhabitants belongs to the FATA. Table also depicts the distribution of respondents, which were interviewed according to the provincial areas. The collective knowledge of herbs and their usability in different regions of the country can be observed easily in the selected locale because people came here from all over the Pakistan with their indigenous knowledge of herbs, they practiced it and share the knowledge with others and vice versa.

4.4.1 Traditional Kinship and Cast Patterns

Kinship is the study of relationship between kins. It has the great importance in the communities who have migrated from different locales. All economic activities, conflicts and mutual understanding revolve around the kinship. All type of social relationship starts from one household, one family and then spread to a wider group of caste.

The inhabitant of the locality belongs to mainstream castes and other ethnic caste in which the mainstream casts were Abbasi, Satti, Dhanyal, Rajput, Kiyani, Awan, Jutt and Gujjar whereas beside these, the number of Abbasi families were more in the selected locale. On the other way, ethnicity-based casts were also present that were Punjabi, Sindhi, Balochi, Pathan, Pathan, Kashmiri and Gilgiti.

Descent is reckoned Patri lineally, so only those related through male ancestors are considered relatives. The ‘biradari’ (the patrilineage and affinal kin) plays a significant role in social relations. Its members neither hold movable property in common nor share earnings, but the honor or shame of individual members affects the general standing of the ‘biradari’ within the community.

There are separate words for paternal and maternal cousins in the local language e.g. paternal uncle’s son is ‘Dadpotra’; paternal aunt’s son is ‘Phupaira’; maternal uncles’s

son is ‘Malaira’; maternal aunt’s son: is ‘Masaira’ and so forth. The listing is also the priority sequencing for marriage settling in the same order. A paternal side preferred with uncle's son getting preferred on aunt’s son. However, the availability of the respective sibling's issue of suitable age is also a determining factor. If a brother and a sister in one family can be married to a set of brother and sister in another family, that arrangement would be preferred called “watta satta” (exchange marriage).

Table 4. 7. Distribution of Indigenous Casts-Based Households

Sr. No.	Caste	Number of HH	Sr. No.	Caste	Number of HH
1	Abbasi	21	12	Mehar	11
2	Satti	16	13	Jiskani	13
3	Dhanyal	09	14	Buzdar	06
4	Rajput	07	15	Malak	10
5	Kiyani	15	16	Mir	09
6	Awan	07	17	Balti	13
7	Jutt	09	18	Hunzai	15
8	Gujjar	12	19	Kakar	12
9	Abro	06	20	Kakaizi	14
10	Khuhro	07	21	Yousifzi	09
11	Lashari	10	22	Burki	07
Total		**119**			**119**
Grand Total					**238**

Source: Census Survey

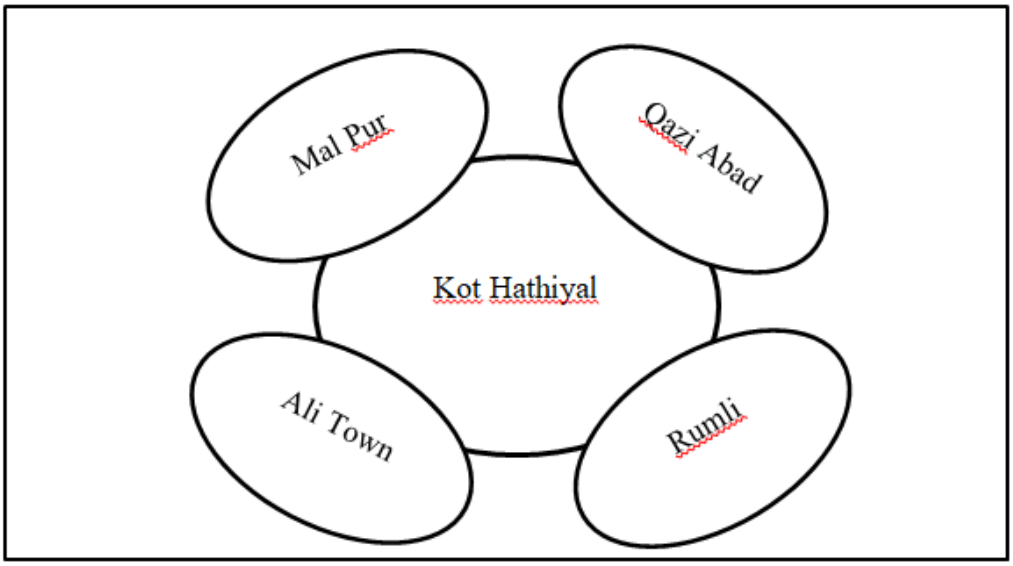
The indigenous casts in the town consisted of 238 households. In my locale, Bhara Kahu, which is a mother town to diverse cast and ethnic bifurcations, yield a nest to the following pertinent ethnicities according to the five village clusters as under;

4.4.1.1 Kot Hathiyal (North and South)

For the better understanding, *Kot Hathiyal* (North and South) are considered as one unit. All the listed ethnic groups were present in *Kot Hathiyal*. As stated earlier, the *Kot Hathiyal* was comparatively plan area than other settings of Bhara Kahu that is why the number of other provincial settlers were available. It was evident that all castes are present in all five areas, but the number of households varies. Abbasi, Satti, Dhanyal and Ghakhars are the prominent caste in all the five village clusters.

If we analyzed Bhara Kahu according to the Culture Circle theory, *Kot Hathiyal* is in the center of the remaining four areas. People from all over the country migrated here and settled because this area is more open in the sense of cultural pluralism. Other areas are adjacent to Kot Hathiyal but the residents were very compact and out siders were not welcomed.

Figure 4. 2. Village Cluster's Settlements



Source: Researcher's Work

People from Punjab, FATA, AJK, Khyber Pakhtunkhwa, Sindh and Balochistan can easily adjust here because of some characteristics e.g. very cheap and economic life style, hilly area and healthy climate, easy access to other parts of twin city, is the prominent characteristics, which force the people to settle here. Mango Town, Margallah Colony, Muhallah Alnoor, Muhallah Ghousia, Medina Town, Muhallah Malikabad and Kot Hathiyal are the prominent settings, which comprises of all the castes cited above.

4.4.1.2 Qazi Abad

The Qazi Abad is the old name of the area that is adjacent to the Kot Hathiyal and out-bridges of Bara Kahu towards 17 Meel. The area is highly dens and further divided into two three Muhallahs, Qazi Abad, Nai Abadi and Muhallah Chaudhriyan. In Muhallah Chaudhriyan and Nai Abadi, the number of inhabitants are settlers they migrated from different areas of the country and living in rented houses. The Qazi Abad muhallah is comprised of Satti, Abbasis because they are the old settlers of the

area. In Nai-Abadi the number of inhabitants belongs to the Khyber Pakhtonkhwa, Kashmir, FATA and Southern Parts of Punjab province.

4.4.1.3 Mal Pur

Mal pur is situated near Murree Road adjacent to Dhook Jalani, and QAU Vicinity. The setting is comprised of major local tribes e.g. Abbasi, Satti, Awan, Gujjars, are the major caste groups which were residing in Mal Pur. The inhabitants of the Mal Pur were not open as the *Kot Hathiyal* because around the village the land (cultivated or the residential) belongs to the natives of the village and they are in connected in informal bond/ code of conduct that no one can sold the land to outsiders. That is why the inhabitants of out-caste was not present in the central place of village setting. But the adjacent out boundaries of the village occupied by different ethnic groups came from FATA and Azad Jammu and Kashmir; the number of such households was limited.

4.4.1.4 Ali Town

Ali Town is the adjacent area of Mal Pur village. The area is further divided into three major towns, Jallani Town, Ali Town and Abdullah Town. The area is situated along with the Murree-Muzaffarabad Road. Dhoke Jallani has two different set of settlements one is old which is adjacent to Bani Gala and other is adjacent to Ali town. Both the settings were divided by the *Korang Nala* from each other. Ali town is the central place of and have large population of Satti and Abbasi as well as people from Punjab and Gilgit Baltistan. Majors castes of the area were Mehar, Jiskani, Buzdar, Malak Kakar, Gujjar, Awan, Lashari, Hunzai, Balti, Gujjar and Jatt. Due to the mass construction around the area i.e. Bani Gala, Dhoke Jallani the area has more inhabitants from other parts of the country.

4.4.1.5 Rumali

The village rumali is situated at the foothills of Margalla. The village is accessed from QAU's vicinity. Again, the village is compact and the major castes of the village were Abbasi, Satti, Gakhar or Kayanis. The land acquired by the native and the selling land to out-cast are not welcomed in the area. Inhabitants are more concerned about their values and norms, all the castes tied through affinal and consanguineal ties.

4.4.2 Marriage and Divorce as Social Institutions

Due to pace of modernization, young people of the town moved away from their native villages in which they were raised in search of jobs, leaving the older generations behind. They relocated to different areas of Bhara Kahu town and met people they probably never would have met had they stayed home. The institution of marriage reliably created the social, economic and affective conditions for effective parenting. Being married changes people's lifestyles and habits in ways that are personally and socially deemed beneficial. Here, in town marriage generates social capital. The social bonds created through marriage yield benefits not only for the family but for others as well, including the larger society.

Table 4. 8. Distribution of Respondents and their Marital Status

Male Respondents		**Marital Status**		**G. Total**
	Age of Respondents	**Endogamy**	**Exogamy**	
Single	21-30	-	-	32
	31-40	-	-	16
Married	21-30	21	14	35
	31-40	33	10	43
	41-50	17	21	38
	51-60	34	23	57
Widower	31-40	-	11	11
	51-60	6	-	6
Total		**111**		**238**

Source: Interview Schedule

Table depicts that the marital status and the nature of marriage of the respondents are different, both exogamous and endogamous marriages are prevalent. One hundred and ninety respondents were married and out of them one hundred and eleven were married endogamous while seventy-nine were married exogamous. The more proportion of endogamous marriages indicates that respondents had more complication regarding health and marital complications as they were married with in their casts and relatives because of their more belongings to customs and traditions.

4.4.2.1 Marriage Patterns

The number of endogamous families was 111, reset of the families lie in exogamous families. Family status and economy affect the marriage pattern. Families lived in close localities so that they practiced endogamous marriages. Bhara Kahu is an area where, people more inclined towards strengthening in numbers and restriction on marriage from different casts may prohibit overcoming impurity.

Marriages are mostly endogamous, preferably within one's own 'biradari' and mostly with first cousins. Endogamy is preferred to preserve purity of one's generation's blood.

> *"Humara rivaj nahin kay hum khandan say bahir shadi karein, is tarah hamara khoon saaf rahta"*
>
> *[We do not have the custom of arranging marriage outside the family, thus our blood remain clean]*

Among all the marriages in the village, only two were found exogamous; in one case a Mughal man married a woman due to a friendship between two army service men and the other, a man remarried for want of children and unable to find a second wife within his own relatives as nobody wanted to give one's own family girl as a co-wife.

While Muslim men are allowed in Quran to have more than one wife (with the provision that they treat them equally), most families here are monogamous. There is a significant trend of serial monogamy rather than keeping more than one wife together. In cases when a man married more than once, the first wife usually left after some time seeking divorce.

Social constraints against polygamy stem from the system of arranged marriages, which regard every marriage as an alliance between families and not simply a union of individuals. The practice of *watta-satta*[17] marriage is also common. This acts as a deterrent against wife abuse, divorce or re-marriage. Economic factors are also an important consideration not only for the number of wives a man may have, but also the number of progenies which will result from multiple marriages. Early marriages are also common in the town.

[17] Exchange of two siblings; a brother and a sister, in marriage with siblings both from the other family.

4.4.2.2 Family

In social organization of any society, family structure is the most important and basic social and economic unit. When studying any society, we cannot neglect the family, because it is an important part of human life. There is a patrilineal nuclear and extended family available in the presented locale. Those families who lived in nuclear settings in land of origin they made extended units in host community, because here they need social acceptance and social motivation and need help during patty matters. When they go back to land of origin, again extended families separated into previous nuclear settings.

The family is a basic unit of socialization; people within the family are related by marriage or blood. The unit is further divided according to the inhabitants of any family. Following types of families were present in locale of study.

Table 4.9. Distribution of Family type

Sr. No.	Family Type	Number of HH	Percentage
1	**Nuclear**	115	48.3
2	**Joint**	65	27.3
3	**Extended**	58	24.3
Total		**238**	**100.0**

Source: Census Survey

Table depicts the nature of families in each household, approximately forty-eight percent households has nuclear families. Whereas approximately twenty-seven percent has joint and the other, twenty-four percent belong to the extended families.

Table 4. 10. Distribution of Family Members

Sr. No.	Family Members	Number of HH	Percentage
1	1-3	655	49.1
2	4-6	358	26.8
3	7-9	240	18.0
4	≤10	79	5.3
Total		**1332**	**100.0**

Source: Census Survey

While the extended family refers to a kin-based unit found in the selected area, in the extended families, two generations lived together under the same roof. Several married couples, their spouses, children and grandparents lived together and formed a residential, economic and educational unit. The change from extended family structure to nuclear one was due to transition of family system. It was the problem of urban people, where people do not have enough space to accommodate the whole family they divided into nuclear families.

4.4.2.3 Divorce among Natives

Seeking to end a marriage contract is permissible for both the partners in Islam. The people of the town stated that the divorce trends have increased with the passage of time. The reasons for divorce differ for most of the cases but usually, it is dislike of the spouse chosen by the parents, failure to conceive children, major disagreements between the partners or simply to get rid of financial responsibilities. One responded divorced his sick wife instead of getting her admitted in hospital. The wife was pregnant with her first child and required a caesarian section. The divorce was done on the insistence of husband's family who said, "why spend so much on her?" Men also re-marry if the first wife does not have children. Mostly, the first wife seeks a divorce and prefers to live with her parents rather than being subjected to the life of discrimination and neglect by her husband.

Annulment of marriage also occurs if the wife is perceived not loyal to her husband in matters of family feuds. One elderly respondent the village women narrate the story of one couple where, the man carne home and asked his wife to give him food. She said she was going on a wedding and asked him to prepare something for himself. He got furious and announced,

> *"mein nahin chahta key tum hamarey dushmanoon ki shadi par jayo aur mujhey Kahu key khana khud bana lena. Is waja sey mein tum ko talaq dey raha hoon"*
>
> *[I do not want that you attend the wedding of our enemies and tell me to cook myself the food. So, I am divorcing you because of this reason.]*

There have also been instances where, one man liked another man's wife and asked him to divorce her, so he can marry her. This has happened only where the two men, had hierarchically different positions in the village.

4.5 Economic Profile

Table 4. 11. Cross-Distribution of Family Pattern and Social Class

Categories		Respondents' Social class			Total
		Lower	Middle	Upper	
Family Pattern	**Nuclear**	51	35	29	**115**
	Joint	19	32	14	**65**
	Extended	21	21	16	**58**
Total		**91**	**88**	**59**	**238**

Source: Census Survey

Table reveals the family pattern and social class of respondents. From the total number of respondents living in nuclear family structure (one hundred and fifteen respondents), fifty-one respondents fell into lower social class, thirty-five into middle and twenty-nine respondents into upper social class. Meanwhile sixty-five respondents were living in joint family with further division of nineteen in lower, thirty-two into middle and fourteen into upper social class. Lastly, fifty-eight respondents were living in an extended family setup with twenty-one into lower, again twenty-one into middle and sixteen into upper social class.

The table also reveals that lower class families ninety-one accompanied eighty-eight middle class families and fifty-nine were the upper-class families. The high proportion of lower and middle respondents (one hundred and seventy-nine together) depicts that these classes were more inclined to use the herbalist treatment because of their relatively poor socio-economic status accompanied by their cognitive cultural construction.

Table 4.12. Monthly Income Categorization of the Households

Sr. No.	Income Category	Frequency	Percentage
1	Less than 25,000	63	26.4
2	25,001-50,000	71	29.8
3	50,001-75,000	49	20.5
4	75,001-100,000	29	12.1
5	100,001-125,000	15	6.3
6	125,001>	11	4.6
	Total	**238**	**100.0**

Source: Census Survey

Table reveals the income level of households. From the total number of households, 26.4 percent were earning less than 25,000 Rs per month (first category). In second category there were 29.8 percent of the household and in third category 20.5 percent of the households were earning monthly income of Rs. 75,000/-. The lowest numbers were in sixth category i-e., 125,000 Rs and above. Overall, whole population were divided into three major categories e.g. upper, lower and middle-income groups. The overall population of the area reflected middle economic class, in present research particularly, surveyed households were divided into three categories to make the reader understood about the economic status and consumption on all household expenses. The upper income group starts from and above one lack (Rs. 100,000/-) and lower economic class were less than first category e.g. Less than Rs. 25,000/- per month and remaining all the three categories e.g. 2, 3, and 4 were under the middle economic class.

Table 4. 13. Respondents' Source of Income and his Wife's Occupation

Respondents Source of Income		Wife Occupation	
Categories	**Frequency**	**Categories**	**Frequency**
Shared Business	18	Shared Business	Nil
Self-Business	46	Self-Business	Nil
Private Job	44	Private Job	14
Government Job	38	Government Job	42
Laborer	92	Laborer	2
		Daily Wage earner	13
		House Wife	34
Total	**238**		**105**

Source: Census Survey

Table cross-compares the respondent's source of income with their wife occupation. From total two hundred and thirty-eight households, one hundred and five were wives of the respondents (alive) and their particular distribution is stated in the above table. Thirty-four were housewives and remaining were engaged in different economic affairs. Deciphering the shared business, eighteen respondents and none of the wife fell in this category. In terms of self-business, again forty-six respondents and none of the wife fell in this category too. In terms of doing private job, forty-four respondents and fourteen respondents' wives were engaged in it. Thirty-eight respondents while forty-two respondents' wives were doing government jobs. The number of laborers were ninety-two respondents compared with only two wives of the respondents.

Table 4. 14. Relationship of Consumption on Food and Electricity per Month

Sr. No.	**Consumption on food**		**Consumption on Electricity**	
Categories				
1	1-1999	17	1-1999	15
2	1000-1999	22	1000-1999	37
3	2000-2999	27	2000-2999	49
4	3000-3999	37	3000-3999	39
5	4000-4999	57	4000-4999	39
6	>5000	77	>5000	47
7	other option	1	other option	12
Total				**238**

Source: Census Survey

Table delineates the respondents' consumption on food and electricity per month. Out of the total respondents, the majority seventy-seven respondents have consumption scale of more than five thousand rupees on the food and forty-nine respondents had consumption of two thousand to three thousand rupees on electricity as a higher ratio. Thus, the more consumption of money on food as compared to electricity reflects that people had more preference of full filling the basic need of food as compare to energy resources.

4.6 Educational Profile

Table 4. 15. Distribution of Respondents' Education

Sr. No.	Categories	Frequency	Percentage
1	Illiterate	31	13.0
2	Middle	33	13.8
3	Matric	34	14.2
4	F.A/FSC	76	31.9
5	Graduation	52	21.8
6	Masters	12	5.0
	Total	**238**	**100.0**

Source: Census Survey

Table predicts the education level of the respondents; the relative majority of thirty-two percent of respondents had their academic qualification till intermediate. However, twenty-two percent respondents were graduated. The more proportion of respondents having education till Intermediate level depicts that the elderly people did not focused on the high level of education. Furthermore, there was not much educational qualification criteria as a parameter of merit to attain any occupation in the perception of the respondents.

Table 4. 16. Distribution of Household Member's Education

Sr. No.	Categories	HH Family Members	Percentage
1	Illiterate	601	45.1
2	Middle	287	21.5
3	Matric	192	14.4
4	F.A/FSC	103	7.7
5	Graduation	87	6.5
6	Masters	62	4.6
	Total	**1332**	**100.0**

Source: Census Survey

Table depicts the overall educational status of the universe. It was observed that almost forty-five percent family members of the respondents were illiterate. Twenty-two percent family members had education up to middle level and fourteen percent

family members had education up to matriculation level. Hardly, eleven percent family members of the respondents had education up to graduation and masters level.

Table 4. 17. Distribution of School Going Children

Sr. No.	School Going children	Frequency
1	Girls	69
2	Boys	52
Total		**121**

Source: Census Survey

The total school-going children from the universe was sixty-nine girls and fifty-two boys making in all one hundred and twenty-one children in the age to school going. The educational level of female was increasing as the people were sending their girls to schools instead of keeping them within households. In broader concept, the population was divided into two main categories, male and female inclusive of old age men, women and children.

4.6.1 Available Educational Resources

In the area of research, educational facilities were very impressive with the availability of different private schools. Different tuition academies were also providing educational services to the residents of Bhara Kahu. It was observed that during summer and winter vocations the Abbasi and Dhanyal seasonally migrated downward, Bara Kahu is the nearest place to live. So, they stay there and send their children for education in different govt. and private schools. When vacations end, they go back to schools. Here in present research locale, all the major casts available in the area send their children for education, the overall trend of sending children for better education in private schools prevailed.

4.6.1.1 Vocational/Technical Education

For vocational and technical education, three institutes are available to facilitate inhabitants of the locale. Different short courses were the motivating factors to enroll in such private institutes. CCA, Auto-Cade and other MS Officer were the major

diploma software, which inspired parents to send their children for computer education.

4.6.1.2 Availability of Teachers

Availability of teachers in the schools, which were available in the selected areas, was sufficient and up to the mark because of the parent's interest in the children education. Parents often visit schools to investigate the position of their children and observed the overall condition of the institute, staff, availability of facilities for the students and availability of teaching faculty. Due to the availability of qualified teachers, basic facilities and better education, the natives are interested to send their children to the schools; therefore, the current enrollment of the schools was very encouraging, observed by me during my frequent visits to different schools.

4.7 Transport and Post Office

The area is not disconnected from the outer world. Vehicles come and go as it is already mentioned that the selected area is situated on the main Murree road, it is connected with different areas of the city with small roads. The transport facility for Rawalpindi and Islamabad is provided e.g. Wagons is the main source of transport from selected locale to the twin cities.

For postal services, TCS and post office is available to facilitate individuals of the area. Different settlements of population spread along with mountain known as the *Dhooks*[18]*,* each *dhook* consists of different casts. It is not the still joint with capital territory area. Due to technological development, the work of post office decreases.

4.8 Social Indicators

Virtually all social scientists agree to the point that social indicators should be useful in describing changing social conditions be it health research. Some also insist that the descriptions have a normative component so that, in addition to showing how things are changing, indicators will disclose whether they are changing for the better or worse. The below-mentioned table yields a comparison as such of consumption patterns of respondents regarding the money they spent on their food and electricity resources.

[18] Residential area surrounded by particular locality. In hilly areas, Muhallhas of the plan areas were synonymously used as Dhooks.

4.8.1 Consumption Patterns of Allocation of Money among Households

Table 4. 18. Distribution of Respondent Other Expenditures

Categories	Frequency	Percentage
1-1999	22	7.0
2000-2999	16	5.0
3000-3999	32	13.0
4000-4999	48	22.0
>5000	104	49.0
other options	16	4.0
Total	**238**	**100.0**

Source: Census Survey

Table provides the information regarding the distribution of respondent's consumption of money on other domestic expenditures. From the total number of respondents, the majority forty-nine percent spend more than five thousand rupees on such expenditures, such as getting Liquefied Petroleum, Gas, (LPG) cylinder for stove burning. The high percentage of expenses of five thousand rupees per month reflects that there were other preferences of spending money of the respondents other than on basic needs.

Table 4. 19. Distribution of Respondents' Consumption on Health

Sr. No	Consumption on Health	Frequency
1	1-999	29
2	1000-1999	22
3	2000-2999	27
4	3000-3999	43
5	4000-4999	52
6	>5000	61
7	other option	4
Total		**238**

Source: Census Survey

Table 4. 20. Distribution of Respondents' Consumption on Children' Education

Sr. No	Consumption on Education of Children	Frequency
1	1-999	12
2	1000-1999	30
3	2000-2999	34
4	3000-3999	36
5	4000-4999	59
6	>5000	57
7	other option	10
Total		**238**

Source: Census Survey

In the above two tables, the respondents' responses are explored regarding the consumption of money on health and education of children per month. Twenty-nine respondents spent one thousand rupees on the health as compared to twelve respondents on the education of their children. This signifies respondents from lower social class preferred spending on their health as compared to their children education.

The chapter sketches and provides a bench mark depiction of the geographical localities of the selected areas for present research. Bhara Kahu town, Rumli village and Malpur village with their demographic information as well as available govt. facilities were part of the chapter. Study was carried out in three different areas. Quaid-i-Azam University is located in center of all three research areas. The houses in the entire town are built on the streets having a steady slope with small mountains at the backdrop and the ground level becoming flatter and lower as one moves towards the main road (Murree Expressway) that divides the town in the center. Areas of the study were discussed in detail to make the reader understood about the economic, socio-cultural, educational status of the communities. The cultural construction processes of Bhara Kahu town, Rumli and Malpur were discussed under different heading, which contains the information on ceremonies, residential patterns and marriage types, trials of deteriorating health and illnesses and experience multi-faceted ill health. Climate, economic conditions, cultural norms, values, religious beliefs, kinship structures, dietary practices and sanitation facilities were part of the chapter. The chapter also has information of the inhabitants: i.e. family structure, age,

gender, marital status, literacy status, cultural characteristics including cast and language. Number of ethnic groups was residing and their participation in political as well as cultural level was highlighted to incorporated social organization of the area under the heading of 4.5. The prominent cast of the area was Abbasi in number of dwellers, and the lowest was the Gilgiti in the area generally but in selected households Buzdar and Abro were the lowest caste in number who migrated from other parts of the country. Data showed a clear indication towards endogamous marriages but a tilt in exogamous as well due to pace of modernization and loos grip of societal values among particular ethnic groups prevails too. There were patrilineal nuclear and extended families available in the areas. The concept of re-marriage and divorce is generally discussable phenomenon in the areas, ending of marriage contract interviews revealed that the divorce trends have increased with the passage of time and number of happenings associated with this ending contract which was discussed in detailed. Documentation of economic resources of household to identify the status of families living in was also discussed to make the reader understood regarding particular health choices of the respondents. In last not least educational status of the selected households, children and respondents were documented to draw a link of education with health awareness and towards seeking of health facilities. Health was the primary concern of the thesis so available health facilities and the respondents'' choices were discussed in upcoming chapters.

Chapter No. 5

HEALTH CARE SERVICES

The World Health Organization describes the healthcare system as comprising six building blocks e.g. service delivery, health workforce, information, medical products, vaccines and technologies; financing and leadership and governance. This dissertation additionally pitches cultural construction of health, as the seventh health system domain on the premise that it is potential to enhance efficiency and connectivity, and control errors, costs that would bring value to resource-constrained developing country like Pakistan in general and of the people of Bhara Kahu in particular.

It must be recognized that a health system is much broader than a healthcare system. It is now well-established that factors influencing and determining health status at the individual and population levels can be socio-economic, environmental, and biological or lifestyle related in nature and that considerations relevant to population dynamics, human development, overarching governance, international and domestic politics, and security have a deep bearing on health status and healthcare delivery.

5.1 Governmental Health Services in Bhara Kahu

Ministry of health at the federal level and health departments at the provincial levels are responsible for public health service deliveries in Pakistan. The public provision of medical and health services compromises of primary, secondary and tertiary health care facilities. Primary health care mainly looks after out-door patients, which includes: rural health centers, basic health units, primary health care centers, dispensaries, first aid posts, mother and child health centers, and lady health workers. Secondary health care services look after out-door patients as well as in-door patients. District and tehsil headquarter hospitals are the secondary health care establishments; almost each district and tehsil have this facility. Tertiary health care facilities are mainly present in major cities only. These facilities are affiliated with research and teaching organizations. Both the secondary and tertiary health care services are 24 hours operational all over the country.

Parsad and Batnagar, (1978:5) opined that the primary health care center offers the primary health care information, facilities, awareness and primary medication to the public. The field or main emphasis of Primary health care center is preventive or prevention. Primary health care centers have the aims to deliver basic requirements to the people, especially in rural settings.

It is quite astonishing that health sector never remained in the priority list of any governments, as it could be judge from the pathetic condition of the Rural Health Centre (RHC) of Bhara Kahu, where poor patients face great hardship because of insufficient staff and non-availability of medicines. The town of approximately 0.6 million people, has only one health center, which, too, is in shambles, as there is a lack of basic medical facilities.

During the government of Pakistan People's Party (PPP) (2008-2013), the then administration made efforts to upgrade and provide all facilities to the Rural Health Centre, especially under the regime of Syed Yousaf Raza Gillani (Prime Minister) when he promised to provide Rs. 10 million but the next incumbent government of Pakistan Muslim League (Nawaz) reversed the whole process. Ten doctors from Pakistan Institute of Medical Sciences (PIMS) were rendering services to the center in the start the problems of the dwellers were reduced remarkably; however, later, due to non-priority of the last government, their services were no more sought and now there was only two doctors one male and one female. Similarly, the Expanded Program on Immunization (EPI) is one of the most funded programs globally, but unfortunately, the employees in the town was paid too little, so, epidemiological outburst in the town regarding poor hygiene was the resultant factor.

At maximum, the services and the staff cannot cater to the need of 30,000 people in its present state of affairs, said few notables of the town, but realistically speaking, the locality has crossed the figure of 0.6 million population. It is impossible to meet the growing need with such limited resources that adds miseries of the people. Even the ambulance parked in the facility has been damaged for four years but could not be repaired nor replaced.

The severe dearth of doctors, and even who agree to visit the center, faces many problems both from the health ministry as well as from the local dwellers that they end up refusing to provide services to the RHC vice-versa. Above all, shortage of medicines in RHC and above all failure of Drug Regulatory Authority to check and seize the fake and expired medicines in the pharmacy stores further aggravate the health care.

5.2 Private Biomedical Health Services in Bhara Kahu

Private sector healthcare delivery in low and middle-income classes is sometimes perceived to be more efficient, responsible, and sustainable than public sector delivery. Conversely, the public sector is often regarded as providing more reasonable and evidence-based care. In the present research, a systematic review of research studies investigating the performance of private and public sector delivery in low- and middle-income class discussed.

Table 5. 1. Comparison of Money Spent on Biomedical Treatment from Private and Public Hospital

Comparison of Money Spent on Private and Public Hospital			
Treatment from Public Hospitals		**Treatment from Private Hospitals**	
Categories	**Frequency**	**Categories**	**Frequency**
Less than 5,000	118	Less than 5,000	72
5,001-10,000	96	5,001-10,000	104
More than 10,000	24	More than 10,000	62
Total	238		238

Source: Interview Schedule

The above table delineates and compares the amount of money spent on pursuing biomedical treatment from public and private hospitals during the last six months. One hundred and eighteen respondents spent less than 5000 on the treatment in the public hospitals while seventy-two respondents sought treatment by spending the same amount from private hospitals (discussed latter) that are functional in the vicinity while one hundred and four respondents spent 5000-10,000 rupees during the last six months on the treatment in the private hospitals.

The majority proportion of expenses of 5000-10000 rupees in the private hospitals and less than 5000 rupees in the public hospitals depicts that the majority respondents belong to the middle-class families.

5.2.1 Islamabad Medical and Dental Hospital

Islamabad Dental Hospital is a teaching hospital of Islamabad Institute of Dental Education & Allied Sciences (IIDEAS) and is a dental section of Islamabad Medical & Dental College.

The Dental Hospital is located in a custom planned building on Main Murree Road, Bhara Kahu Islamabad covering Islamabad/ Rawalpindi/ Northern Punjab/ Hazara division/ Northern areas and Azad Jammu Kashmir territories.

The hospital has Orthodontics, Prosthodontics, Oral & Maxillofacial Surgery, Periodontology, Endodontic & Operative Dentistry, Radiology, Implant ology and Pediatric Dentistry departments apart from well-established laboratory.

5.2.2 Sara Hospital

Established in Simli Dam Road Bhara Kahu Islamabad, it is one of the leading hospital regarding gynecologists, child specialists, eye specialists, Neuro Surgeons, Addiction Treatment & Rehabilitation. Sara Hospital is well-equipped with highly qualified doctors, modern operation theatre, accurate dispensary and pharmacy. Sara Hospital economically provides a healthy check-up and medicines to the patients in/around Bhara Kahu Islamabad. Sara Hospital is very busy, these days, to mobilize an Addiction Treatment& Rehabilitation Centre as a part of philanthropy and social welfare.

Chief Executive of Sara Hospital is Doctor Sarfraz Ahmed Cheema. His qualification is M.B.B.S, M. D. (Europe) M. P. H. (U.S), R.M.P (Pak) Doctor of Medicine & Child Specialist. Administrator Chief Lady Doctor Sara Cheema M.D (German), D.U.S.G, R.M.P (Pak), Gynecologist & Ultrasound Specialist.

5.2.3 Dr. Akbar Niazi Teaching Hospital (ANTH)

Dr. Akbar Niazi Teaching Hospital (ANTH) Dr. Akbar Niazi Teaching Hospital is a 500-bed hospital, owned by Islamabad Medical and Dental College which is affiliated with Shaheed Zulfikar Ali Bhutto Medical University. It is situated in the capital territory of Islamabad, near Bhara Kahu, on the way to Murree. ANTH provides services such as Medicine, Surgery & their allied disciplines, Obstetrics & Gynecology, Pediatrics, Ophthalmology, ENT, Nursing, Emergency, Operation Theater, ICU, CCU, HDU, NICU, Labor Room, Laboratory, X – ray, Ultrasound etc.

5.2.4 Bashir General and Dental Hospital

Established in Feb, 2014 is a pioneer Allied Health Sciences Medical Institute located in the lush green valley of Capital territory Islamabad just 15-minute drive from Diplomatic Enclave. It is situated on an area of 52000 sq. ft. with a covered area of 34000 sq. ft. spacious building. The purpose is to give standard health education in the capital of Pakistan and ensuring that students may develop the true mindset of health profession. It is clinically attached with four hospitals Rawal General & Dental Hospital, Bilal Medical Complex, National Institute of Rehabilitation Medicine and Al-Syed Hospital recognized by PMDC for medical and dental training.

5.3 Analysis of Mid-level Health Workers (MLHW) in Bhara Kahu Town

According to the WHO, Mid-level Practitioners are front-line health workers in the community who are not doctors, but who have been trained to diagnose and treat common health problems, to manage emergencies, to refer appropriately, and to transfer the seriously ill or injured for further care. In the research locale two pertinent mid-level health workers were rendering their services to the women in general and spouses of the respondents in particular; Lady Health Worker and Midwife.

In the town, Lady Health Workers were primary community health workers. They have successfully completed their prescribed course of the subject and acquired a diploma that is recognized by the Pakistan Nursing Council. Their job is not only based on rural community health services but also on catering to the health needs of the community. Duties of a Lady Health Worker ranged from using their best knowledge in providing nursing care to sick and well individuals. They were responsible for the prevention of disease and for the promotion and maintenance of

health theory, and reducing morbidity and mortality of mothers and children. Their duties were not limited to the clinic. They were expected to look after the health needs of families with homes in a specified area. Their main responsibility was however, to use effective written and verbal communication skills with these family members of the respondents to change their attitude and behavior towards their health.

On the other hand, a midwife is one of the most important mid-level workers in the health system of Pakistan in general and in the Bhara Kahu town in particular. Midwifery is a health care profession in which they offered care to childbearing women during pregnancy, labor and birth, and during the postpartum period. They also provide care services for the newborn and assist the mother with breastfeeding. In addition to providing care to women during pregnancy and birth, many midwives also provided primary care to women, well-woman care related to reproductive health, annual gynecological exams, family planning, and menopausal care. In Pakistan, a midwife has to successfully complete a prescribed course and acquire a diploma recognized by the Pakistan Nursing Council before beginning her duties.

Table 5. 2. Recourse from Village Health Workers

Sr. No.	Lady Health Workers	Frequency
1	Reducing morbidity and mortality of mothers and children	78
2	Changing the attitude of family members towards their health	118
3	Prevention of disease	42
Total		238

Source: Census Survey

Table 5. 3. Recourse from Midwives

Sr. No.	Midwives	Frequency
1	Pregnancy	36
2	Labor Pains and Birth	100
3	Post-partum services	102
Total		238

Source: Census Survey

The above two tables describe the recourse respondents' spouses and women in the households sought of Lady Health Workers and Midwives. Out of the total 238 respondents, the majority one hundred and eighteen women were taking the services of Lady Health Worker for changing the attitude of their family members towards their health, while seventy-eight women claimed that LHW were playing a significant role in reducing morbidity and mortality of mothers and children. The remaining forty-two women in the households sought their role for the prevention of diseases.

Meanwhile, the majority one hundred and two household women sought recourse from midwives for Post-partum services, while one hundred women consulted midwives for labor pains and births and lastly remaining thirty-six sought help in their pregnancy.

The inclination of visiting the lady health workers was accepted by the respondents by the high proportion to some extent shows that the Lady Health Workers were serving their best in providing ease, comfort and cure to the patient. On the other hand, the midwife's consultation rejected with major ratio depicts that the people nowadays had no much reliance and confidence on the midwives for their unhealthy conditions.

The same finding has been labeled by Hollen and Coale (2003) who attested that even labor is influenced by globalization and quotes the case of India, where the pattern is far from home births, helped by maternity specialists towards healing facility births with expanding dependence on new advances. Others like Slobin (1998), proposed that specialist and machine interceded 'seeing' downgrades real understanding to an optional request of essentialness. It creates the impression that surrendering one's very own energy is a pre-essential for acquiring the endowments of present-day drug.

5.3 Role of Pharmacists and Doctors

Although generally people usually associate pharmacists with drugs. While pharmacists do put together orders of prescriptions, they also perform other tasks related to their clients' health care, as they are responsible for giving people immunizations and some work in clinics or hospitals where they perform medical tests on patients. One thing that both pharmacists and doctors commonly do is to provide general health information, such as dietary advice. Doctors see patients who

are getting check-ups or who have been ill or injured. They determine if there are medical issues with the patient and prescribe appropriate treatment for their patients.

5.3.1 Pharmacists

Pharmacists work in drug stores or other retail environments. Their hours vary because it's common for some pharmacies to be open 24 hours a day. They may provide general medical advice to the customers they see and are responsible for ensuring that each customer has the right medication that they were prescribed and understands how to take it.

Some of the pertinent services which were offered by pharmacists in the town included:

i. Providing general health advice about issues such as stress
ii. Confirming prescriptions
iii. Identifying any potential complications from medications prescribed

Table 5. 4. Services Rendered by Pharmacist

Sr. No.	Services	Frequency
1	General health advice	86
2	Confirming prescriptions	48
3	Identifying any potential complications from prescriptions	104
Total		238

Source: Interview Schedule

The table above reveals few pertinent services, which were offered by pharmacists in the last six months the town wherein one hundred and four respondents consulted Pharmacist for discussing any potential complications from medications prescribed by the doctor. Eighty-sex respondents sought general health advises and lastly, forty-eight respondents sought second advice for confirming or getting prescriptions endorsed.

5.3.2 Doctors

Doctors provided direct medical treatment to their patients in the town. This involved assessing an injury to determine how to ensure it heals properly or assessing test results to diagnose a patient with an illness or disease.

Some important services being rendered by the Doctors in the town included:

i. Questioning patients about their health and symptoms
ii. Periodic check-ups
iii. Referring patients for tests or assessment to a specialist
iv. Informing patients of a diagnosis as well as treatment

Table 5. 5. Services Rendered by Doctor

Sr. No.	Services	Frequency
1	Questioning patients about their health and symptoms	94
2	Periodic check-ups	29
3	Referring patients for tests or assessment to a specialist	89
4	Informing patients of a diagnosis as well as treatment	26
Total		238

Source: Interview Schedule

The above table shows some important services been rendered by the Doctors in the town. The relative majority of the respondents, ninety-four consulted medical doctor for questioning patients (respondents) about their health and symptoms while eight-nine respondents consulted for being referred for tests or assessment to a specialist. Twenty-nine consulted for periodic check-ups and lastly twenty-sex respondents consulted Doctors for discussing their diagnosis as well as treatment episode.

5.4 Role of Quacker

In the Bhara Kahu town, people prefer quacks to qualified doctors and hospitals because of the multiple factors but pertinent amongst them are that they are cheap, easily available, and have time to give attention to their patients. Being friendly, they customize their method of treatment as per the suitability, requirement and demand of their patients. They are very good in winning over the confidence of the patient to the extent that the patient or his or her family are willing to do whatever the quacker advises them.

In a majority of the cases (based on the conversations with the Key Informants), patients suffering from common health problems benefit from the treatment provided

by quacks, which enhances their faith in them. In complicated cases where they usually fail, the quacks somehow manage to satisfy the patients and their families about the disease and treatment using brilliant communication skills. If the patient dies, they attribute it to God's will instead of medical negligence. Some of the pertinent services rendered by them are explored below in the table:

Table 5. 6. Services Rendered by Quackers

Sr. No.	Services	Frequency
1	Effective for a wide range of ailments.	78
2	Quick, painless cures or results.	66
3	Use testimonials or undocumented case histories from satisfied patients.	52
4	Recipe made from a special, secret ingredient.	42
Total		238

Source: Interview Schedule

The respondents revealed an interesting exploration when the role of Quacker was discussed with them; seventy-eight respondents consulted quacks as they considered their role effective for a wide range of ailments. Sixty-six respondents sought recourse for the reason that quackers promised quick, painless cures or results. The quackers attract the fifty-two customers using modern convincing strategy by quoting testimonials or undocumented case histories from satisfied patients. Lastly, forty-two respondents consulted them because they believed that the recipe prescribed was made from a special, secret ingredient/s.

5.5 Local Concepts of Health and Illness

Health is purely a subjective state and accordingly it needs to be studied at both societal and individual levels. In this chapter, health services and infrastructure are delineated. Then the broader concepts of health and illness and prevalent beliefs about illness causation are outlined. The focus converges on cultural construction of health and illness as well as seeking specific herbalist support by the dwellers of the town, followed by the range of services available for them to seek care. Health and illness are relative subjective physical and emotional states in the minds of the people of the town which clearly affects one's life and social situation.

> *"Jaakut ki baat aur hey aur Beemar ki baat aur"*
> *[The state of healthy person is different from the state of the sick]*[19]

[19]A quote from a local dweller

"Jaakut" is the dialectical notion given to the healthy person in the potwar plateau in general and in Bhara Kahu town in particular.

To conclude, the present chapter deals with the overall health services provided by govt. and other funding organizations. The public provision of medical and health services comprises of primary, secondary and tertiary health care facilities; primary health care facilities mainly looked into out-door patients which comprises of rural health centers (RHC), basic health units (BHU), dispensaries, mother and child health centers, and village health workers. The status of all such categories were discussed in detail to made the reader understood about the actual health facilities and present health facilities for inhabitants of the area in case of emergency etc. The situation of available services and the service providing professionals e.g. LHW, LHV, VHW were also discussed which highlights the negligible concerns of health sector towards mother child health of the respondents. Number of private health care centers, were regulating and provide services to the dwellers but it has some limitations. Generally, people were not economically well-off, so there is very limited number of households who opt this opportunity. Local perception and understanding of health (healthy well-being, illness) were documented in the chapter to find out the influencing factors of inclination towards biomedicine. The inter-relationship of herbalists and patients (dwellers) were also discussed under the shadow of cultural and social stratification and economic status of respondents. In lieu of it, one pertinent contributor to poor health outcomes in Bhara Kahu town is weak health systems; key to strengthening them are interventions to improve quality of health services, which seems a dream cum true! Research identified that there is no 'one size fits all' approach to introducing healthcare accreditation as a means to improve healthcare quality. As a matter of fact, perceptions of health and illness as well as of healing are part of Bhara Kahu people's worldview. Local ethnic communities comprehend health problems and solutions within their cultural frame of reference, which has evolved over the years. The dwellers associate their health situations with socio-cultural and religious factors. The individual's behavior and interactions with the social, natural, and supernatural powers affect the well-being of the whole group.

Chapter No. 6

CULTURAL CONSTRUCTION OF HERBALISM

The chapter focuses on the dynamics, modes and processes of the cultural construction of herbalism as a mode of ethno medicine. It starts with outlining the determinates of herb-seeking behavior and moves to explain the leading reasons of herb seeking behavior with the help of cross analyzing herb usage amongst the respondents with certain other key related variables. The chapter also sheds light on the diverse indigenous health care services in terms of money spent on them and recourse sought from them. It lastly also cross-examines certain focused causes of seeking herbalism.

6.1 Determinants of Herb Seeking Behavior

The section of the chapter presents pertinent determinants of respondents' herb seeking behavior. The field data was collected from 238 respondents who were interviewed through an interview schedule. The comparison of herb usage with related variables provides ample grounds for understanding the peculiar aspects of herbs-usage. It compares, availability and efficiency of herbs, remedy for efficacy and local terminology, cheap prices of herbs and increase in inflation, patient's satisfaction from herbalist treatment and side effects of bio-medicine. It also explores illiteracy, traditional knowledge of various ethnic groups regarding herbs usage, affiliation with rural bondage as a motivational factor for herbalist treatment, apart from exploring domestically processed herbs and knowledge of medicinal plants affects health-seeking behavior of the respondents. According to the Alland (1970), the behavioral adaptation is an environmental process as discussed previously in chapter three in conceptual framework.

> *behavioral or biological changes at either the individual or group level support survival in a given environment.*
>
> (Alexander, 1970).

6.1.1 The Leading Reasons of Health Seeking Behavior

Table 6. 1. Easy Availability of Herbs

Sr. No.	Categories	Frequency
1	Available at walking distance	160
2	Herbs shop too far	62
3	Herbalist shop open morning to evening	16
	Total	**238**

Source: Interview Schedule

Table 6. 2. Efficiency of Herbs

	Efficiency of Herbs	
Sr. No.	**Categories**	**Frequency**
1	Immediate Relief	151
2	First heals holistically, later cures	73
3	Slow Recovery	14
Total		**238**

Source: Interview Schedule

The above tables indicate the distribution of the respondent's usage of the herbs due to its availability and efficiency for cure. From the total responses, the majority one hundred and sixty used herbs due to its easy availability while sixty-two respondents stated that herb-selling shops were too far from their place of residence and only sixteen respondents stated that herbalist shops remained open from morning to evening.

In the second table, the majority of the respondents i-e., one hundred and fifty-one were satisfied by the immediate relief as a mode of efficiency of the herbs. While seventy-three respondents stated that the herbs first heal holistically and then cures and only fourteen respondents complained of the slow recovery of the herbs that they were using. According to the respondent,

'بوټي وغورځوي ای مېسل لپاره زړو ورځو کې ځنګلونه کارول شوي و جبران لپه شاو خوا کې
شتون درلود، او بوټو کې ای وال نه کارول او دوی نه په ارزښت هم وه ځکه چې دوی فطرت سره
نژدې ژوند دیر ای کوله لري او دوی د بښو د غتی الوتی الري. اوس خلک د دوی پوهو غتی کې لږ
دلچسپي لري، د صحي بدن لومړني مرکز ښار کې ځي ځکه چې خلک هوتوله. ري سټاپاتي

درمل پاره دیري ليلي وتای انه لري دوی دوی وازي دی ویقیقي مرستي پله تمکي دي. طبي
ډاکټران د لنډ مهاله لپاره سخت قیمت ورکوي.

'Herbs were used for all the health issue in old days, herbs were always available in surroundings, and all the villagers were well aware about the use and kind of herbs because they were closely attached with nature and they were interested for good health. Now people have less interest in their health, the primary focus of healthy body becomes secondary that is why people are not much interested for permanent cure through herbs they only want relief in a minute. Medical doctors charge heavy fee for short term relief.'

The similar results have been smoothed previous by the herb and herbal constituents who are active against snake bite in India mentioned by Gomes *et al.,* (2010:865-878) are medicinal very precious and valuable. In India about 2,50,000 snake nibbles happen every year and the greater part of the rustic individuals are the casualties of it.

Also, Chawla and Ellis (2000) watched expanded usage in the wake of enhancing effectiveness at open offices, for example, accessibility of medications, preparing of wellbeing work force in the utilization of standard finding and treatment conventions.

Table 6. 3. Remedy for Efficacy

Sr. No.	Categories	Frequency
1	Immediate relief	148
2	First heals then cures	82
3	Slow recovery	8
Total	**Total**	**238**

Source: Interview Schedule

Table 6. 4. Distribution of Local Terminology

Sr. No.	Categories	Frequency
1	Indigenous naming of herbs	124
2	Local Dialect	84
3	Folk naming	30
Total		**238**

Source: Interview Schedule

Both the tables in the previous page displays the distribution of the respondents regarding remedy for efficacy and the local user's terminology as the leading reason to opt a peculiar herb for treatment. From the total responses, the majority one hundred and forty-eight people stated that herbs used by them were efficacious as it provided them immediate relief. Eighty-two responded that the herbs used by them first heals their body internally and later cures the disease they are suffering from and lastly only eight respondents complained that the herbs were of no use to their illnesses as the recovery process was slow.

On the other hand, the majority one hundred and twenty-four were very comfortable to use the herbs due to its indigenous label (naming), as one respondent from Mal Pur stated:

Boti dey naa vich hee shifaa he
[Treatment lies in the name (label) of herb]

While eighty-four respondents stated that the name of the herb is used in their local Potohari dialect both by their healer (Herbalist) and the patient and thirty respondents used the herbs due to its folk naming.

Table 6.5. Cheap Prices of Herbs

Sr. No.	Categories	Frequency
1	To Great Extent	138
2	To Some Extent	92
3	Not at All	8
Total		**238**

Source: Interview Schedule

Table indicates that the distribution of the respondents regarding the role of cheap prices of herbs as the leading reason to direct the health seeking behavior of the individual. Out of the total, the majority one hundred thirty-eight agreed to great extent that the low-pr6ces was one of the main reasons for health seekers to mold their behavior towards seeking herbalist intervention while ninety-two agreed to some extent and eight disagreed.

Table 6. 6. Role of Increase in Inflation towards Herbs' Usage

Sr. No.	Categories	Frequency
1	To Great Extent	146
2	To Some Extent	72
3	Not at All	16
Total		**238**

Source: Interview Schedule

The majority one hundred and forty-six agreed to great extent that increase in inflation was also the leading reason while seventy-two agreed to some extent and sixteen disagreed. According to the respondent,

> 'هن روزو دور ۾، قيمتن هر روز وڌي ڪري ٿين باشندن جي خريداري طاقت گهٽجي ٿي.
> هن حالت ۾ جيڪڏهن ڪو بيمار ٿيو وڃي ته اقتصادي حالت خراب ٿي ويندي آهي.
> دوائون قيمتي آهي، مون وانگر مڊل طبقات جي مريض ڪي ڊاڪٽرن ۽ دوا جي قيمت ادا نه
> ڪري سگهيو آهي. اهي سستو طبي علاج. ۽ وڃن ٿا بدران دوائن جي جيئن ته مثال طور
> پنساري. پراڻا ماڻهن کان وڌيڪ ڳنڍيل آهي ته جڙي ٻوٽين سان ڇو جو اهو اثرانداز نٿا
> ڪري سگهن.

> *'In this fast era, prices become higher each day, the purchasing power of inhabitants decreasing. In this scenario if anyone gets ill, the economic condition becomes worse. Medicines are expensive, like me, middle class patient cannot afford the fee of doctors and the medicine charges. They go for cheap medical treatment rather than expensive medicines e.g. herbalists. Old people are more concerned with the herbal medicines because it cannot effect negatively.'*

This shows that the both the variables (Price of Herbs and Inflation) were approved with the great extent by the respondents, thus the herbs and herbal recipes that are cheap and according to the demands of the people who are finding an alternative to solve their health issues with in the atmosphere of increase in inflation day by day.

Adding up to it, Foster, (1995: 29-34) narrated the conditions that provoke the general population to look for the medicinal services strategies keeping in mind the end goal to cure their disease. While Sumeet et. al, (2009:326-28) broke down the terms which are serving factor for looking for home grown cures in treatment of Scorpion nibble by the general population of Malwa district of India. There are effortlessly accessible

herbs and therapeutic plants, which can cure assortment of the illnesses of the neighborhood individuals.

Table 6. 7. Role of Illiteracy in Seeking Herbalist Treatment

	Illiteracy (No Education to Diagnose and Treat Health Issues)		
Sr. No.	**Categories**	**Frequency**	**Percentage**
1	To Great Extent	107	46.5
2	To Some Extent	93	39.6
3	Not at All	38	12.9
Total	**Total**	**238**	**100**

Source: Interview Schedule

Table demonstrates the distribution of the respondents regarding the role of illiteracy as the main reason for seeking herbalist intervention in optimizing their health. According to the results, the majority forty-seven percent people agreed to great extent while forty agreed to some extent and thirteen disagreed with the statement that illiteracy is the reason for directing the behavior of health seekers.

The comparable consequences have been aforementioned by Kassaye et al., (2006:127-134) who portrayed the recorded outline of the conventional practices and arrangement in Ethiopia. As indicated by his investigation the majority of the general population utilizes the custom recuperating frameworks for curing of the ailments due to the poor access to the bio prescription and they have been no huge training and proficiency with respect to this training.

Table 6. 8. Patient's Satisfaction from Herbalist Treatment

Sr. No.	**Categories**	**Frequency**
1	High Satisfaction	122
2	Low Satisfaction	96
3	No Satisfaction	20
Total		**238**

Source: Interview Schedule

Table 6. 9. Side Effects of Bio-Medicine

Sr. No.	Categories	Frequency
1	To Great Extent	124
2	To Some Extent	92
3	Not at All	22
Total		**238**

Source: Interview Schedule

Tables above indicate the distribution of the respondents about their satisfaction and side effects as the leading cause to direct health seeking behavior of the individual. The majority one hundred and twenty-two people were highly satisfied from herbalist treatment while ninety-six were less satisfied and only twenty respondents were not satisfied.

On the other side, the majority one hundred and twenty-four respondents agreed to great extent with the analysis that the side effects of biomedicine are one of the main reasons that direct and divert the patient towards alternative mode of intervention while ninety-two agreed to some extent and only twenty-two people disagreed with the side effects.

Thus, both the variables reflected a positive association (with great extent) by the respondents, which depicts that the satisfaction level of the patient before and after using herbs and the side effects of biomedicine, were the attractive source to divert the patients to seek alternative therapy.

The analogous values have been curved above-mentioned by Hall et al., (1981) has clarified this idea as ‘correspondence in the medicinal experience’. They discovered absence of satisfaction of the part desires held by the country customers for the medical attendant maternity specialists. In socio-passionate area, express correspondence of full of feeling content, passed on influence (warmth, tension, compassion, strength); translated impact and relational dispositions are viewed as vital.

Bogart et al., (2004) analyzed the patients' generalizations about human services suppliers in the choice procedure, particularly inspecting the relationship of generalizations to social insurance fulfillment and enable looking for among a low salary facility to test; the relationship of generalizations to fulfillment and adherence to treatment; and the relationship of generalizations to fulfillment and help chasing.

Table 6. 10. Role of Traditional Knowledge of Various Ethnic Groups

Categories	Punjab	Sindh	Baluchistan	Khyber Pakhtunkhwa	Gilgit-Baltistan	Kashmir	Federally Administered Tribal Areas
To Great Extent	47	04	08	47	11	13	18
To some extent	28	01	02	12	02	03	04
Not at all	11	02	03	14	02	02	04
Total	86	07	13	73	15	18	26

Source: Census Survey

Table 6. 11. Affiliation with Rural Bondage as a Motivational Factor for Herbalist Treatment

Sr. No.	Categories	Frequency	Percentage
1	To Great Extent	121	53.5
2	To Some Extent	113	44.6
3	Not at All	4	1.0
Total		238	100.0

Source: Interview Schedule

Table displays the distribution of the respondent's perception affiliation to rural and urban community as the main intention to direct the health seeking behavior. The majority fifty- four percent agreed with this analogy while forty-five percent agreed to some extent and on other hand, only one percent disagreed with this variable.

The use of traditional healers in Ghana a developing country in West Africa is investigated earlier by Tabi, Powell and Hodnicki, (2006:52-58). They assess from their examination that the wellbeing status is poor in the nation and the future is

underneath 60. Moreover, the poor foundation, hunger, irresistible maladies and absence of access to medicinal offices especially in the provincial territories redirect the wellbeing looking for conduct towards the customary healers.

Table 6. 12. Domestically Processed Herbs as a Determinant of Herbalist Treatment

Sr. No	Categories	Frequency	Percentage
1	To Great Extent	81	33.7
2	To Some Extent	103	49.5
3	Not at All	54	15.8
Total		238	100

Source: Interview Schedule

Table shows the distribution of the respondents thinking about the domestic preparation of herbs as the main reason for finding recourse of health seekers. The majority fifty percent agreed to some extent with this analogy meanwhile thirty-four percent agreed to great extent and the sixteen percent totally disagreed with the variable.

One of the respondents from Ali town further stated that,

'جڑی بوٹیاں استعمال کرنا آسان ہے کوئی بھی اس کا استعمال کر سکتا ہے مثلاً پیسٹ یا پاؤڈر
بناؤ جو وہ چاہتے ہیں. اب ایک دن ہر گھر میں الیکٹرک مشین ہے جو جڑی بوٹیوں کی
پیسنے کے لیے استعمال کیا جا سکتا ہے. جڑی بوٹیوں کو فوری طور پر پیسنے کا یہ آسان
طریقہ ہے لیکن جڑی بوٹیوں کا وجود تباہ ہو گیا ہے. ہم بجلی کی چکی استعمال
کرنے کے بجائے فائر اسکواڈ (ہاون دستہ) استعمال کرتے ہیں. ہاون دستہ جڑی بوٹیوں
کو کچلنے، پاؤڈر وغیرہ بنانے کے لیے مقامی آلہ ہے جو پرانے جڑی بوٹیوں کے ذریعہ
استعمال کیا جاتا ہے، وہ ہمیں سکھاتے ہیں کہ بجلی کی چکی استعمال نہ کریں جو جڑی بوٹیوں کا
جوہر تباہ کرتی ہے.

'The herbs are easy to use; anyone can use it e.g. making past or powder what they want. Now a day every household has electric grinder machine which can be used for grinding herbs. This is easy way to grind herbs instantly, but the essence of the herb destroyed. We herbalists use Fire squad (hawan dasta) rather than using electric grinder. Hawan Dasta is the indigenous tool for crushing herbs, making powder etc. which is used by the old herbalists, they taught us, not to use electric grinder which destroy the essence of herbs, and also efficiency of the herbs.'

Table 6. 13. Knowledge of Medicinal Plants affects Health Seeking Behavior

Sr. No.	Categories	Frequency	Percentage
1	To Great Extent	91	38.6
2	To Some Extent	87	31.7
3	Not at All	60	28.7
Total		238	100.0

Source: Interview Schedule

The above table depicts the distribution of the respondent regarding the knowledge of medicinal plants as the main reason and cause to direct the health seeking behavior of the individual. Out of the total the majority thirty nine percent of the people agreed with great extent meanwhile thirty two percent agreed to some extent and the twenty nine percent disagreed with the above-mentioned relationship. An herbalist from Malpur stated,

د هربل پوهې په څېر، سبوټوپو هه مهپه ليتون کی کي ټورو ده لمتو نبه يتي ته دهب لال درملني
ته راځي چې هی څ ار څزه اغزه رلري.پ هپ خواړي و ورځوکې نکوون يښ ځی نه سپلځ نځی تکو
مخ تل فمعل وماتلري کوم چې ددرملني او درملني موخ لپارهکارول شوي. اوس ډېر يښ ځینه
پو هېږي چې د درلمنلپارهپه خلن ځيټکوکارول، سپو هاڼ تقال د دېښتوالي نکورونو د
.مي رمنولو ژوند څ خ هشف اهيبرخ يضا یعکول

‘Like every other knowledge, the knowledge of herbs also fruitful in future. Natives are coming back to herbal treatment which has not any side effects. In old days females of the households have diverse knowledge of kitchen items which were used for cure and healing purposes. Now hardly any women knew the use of kitchen items for cure, this lack of knowledge transfer destroy a huge oral section from house wives’ lives.’

Hamayun, (2007:636-641) unfolded earlier the conventional employments of some therapeutic plants of the Swat valley, Pakistan say that the nearby inhabitants of this valley all the more relatively depend on the restorative plants to cure their illnesses. As indicated by the investigation there are 40,000 professionals enrolled in Pakistan and sixty percent of the populace utilize natural medicine as a solution for their medical issues. He has concurred in confirming that the learning and instruction given to the populace can accommodating for them to form their treatment looking for conduct and on other hand the utilization of herbs for treating the ailment can be deduced fundamentally.

6.2 Money Spent on Diverse Indigenous Health Care Services

Indigenous medicine is a form of holistic health care system organized into three levels of specialty, namely Herbalism, Hikmat, Indigenous healers and Quackers. The traditional healer provides health care services based on culture, religious background, knowledge, attitudes, and beliefs that are prevalent in his community. Illness is regarded as having both natural and supernatural causes and thus must be treated by both physical and spiritual means, using divination, incantations, animal sacrifice, exorcism, and herbs. Herbal medicine is the cornerstone of traditional medicine in this regard.

The second section of the chapter presents a comparison of money spent by the respondents on diverse indigenous health care services. It discusses respondents' monthly money spending on indigenous treatment, religious healers, and indigenous healers and on quacker or dispenser.

Table 6. 14. Percentage Distribution of Respondents' Money Spent on Various Modes of Indigenous Treatment Six Months

		Various Modes of Indigenous Treatment			
Sr. No.	**Categories**	**Herbalist Treatment**	**Religious Healers (*Hakeem*)**	**Indigenous Healers**	**Quacker/Dispenser**
1	Less than 3000	50	55.8	68.0	59.2
2	3001-6000	42	33.1	23.9	23.1
3	More than 6000	7.9	10.9	7.9	17.6
Total		**100.0**	**100.0**	**100.0**	**100.0**

Source: Interview Schedule

The table comprehensively delineated the distribution of the respondent's money spent on the herbalist treatment last six months. Out of the total respondents, the majority fifty percent spent less than 3000 rupees on the herbalist treatments last six months and forty-two percent spent 3000-6000 rupees last six months.

Table also represents the distribution of the respondents' money spent on the religious healers last six months as a second variable. From the total number of respondents, the majority fifty-six percent of the respondents spent less than 3000 rupees on the religious healers and thirty three percent spent 3000-6000 rupees in last six months. The high ratio of the respondent's expenses of less than 3000 rupees on the religious healers indicates that the people were relatively less inclined towards *Hakeem* as compared to the other healing practitioners.

Furthermore, table indicates the distribution of the respondents spending money on the indigenous healers in last six months. The majority sixty-eight percent from the total respondents spent less than 3000 rupees on the various indigenous healers per month while twenty-three percent spent 3000-6000 rupees in last six months. The major portion reflects that they spent less than 3000 on the indigenous healers as they become the residents of Islamabad and had not much time and concern about contacting the indigenous healers of their native lands for the solution of the health issues.

Lastly, table indicates that the distribution percentage of the respondents' money spent on Quacker/Dispenser last six months. From the total number of the respondents, the majority fifty-nine percent of them spent less than 3000 rupees on the Quacker/Dispenser last six months. The high proportion of the respondents spending less than 3000 rupees depicts that the people were literate with the consequences of visiting the Quacker/Dispenser for the healing purpose.

Thus, table comparatively depicts the overall expense pattern of the respondents who are spending money on their health activities. It was evident through primary data that the respondents belong to lower and middle economic class so their purchasing power force them to opt. other alternative cheap resources as their health precaution.

6.3 Maintenance of Health with the Different Healing Systems

The third section of the chapter explains the respondents' consultation from Islamic healing system and herbalist healing system, shamanism and going to shrines, and lastly Unani healing system and Chinese healing system. It also discusses

respondents' recourse from traditional healing system, complementary and alternative methods of healing and spiritual therapists for optimizing their health.

Table 6. 15. Distribution of Respondents Regarding the Belief of Traditional Healing System

Sr. No.	Categories	Frequency	Percentage
1	Cure holistically	107	46.5
2	Use natural methods	87	36.6
3	Strong ethical principals	44	15.8
Total	**Total**	238	100

Source: Interview Schedule

Table indicates the distribution of the respondents believes regarding the use of traditional healing system as one of the methods to maintain health and cure illness. The majority forty-seven percent people narrated that traditional healing cures the body holistically (in totality) while thirty-seven percent had a belief that traditional healing is done with the help of natural methods and lastly sixteen percent of the respondents endorsed the ethical principles which they kept in mind while seeking traditional care and cure.

During interviews a respondent shared,

'اب اگر آپ ہماری سائنسی ادویات صرف آپکو اس خاص بیماری کا علاج فراہم کرتی ہے، اگر آپکو بخار ہے تو دوا اور ویکسین لے لیں صرف فلو کے لئے ہے اور دوسری دوا کی ضرورت ہے لیکن جڑی بوٹی میں ایک جڑی بوٹی کئی مختلف مقاصد کے لئے استعمال کیا جاتا ہے اور خاص طور پر ملیریا کے لئے استعمال کیا جاتا ہے اور حلق کے دیگر امراض، سب سے زیادہ جڑی بوٹیاں کئی علامات کے لئے کام کرتی ہیں جڑی بوٹیوں کی یہ خاصیت ہے جو جدید ادویات میں نہیں پائی جاتی ہے۔'

'Now if you became ill, the scientific medicine only provides you the treatment of that specific illness, if you have flue the medicine only works for flue and temperature needs another medicine. But in herbs one herb can use for different purposes e.g. Malathi which is used for flue, and other problems of throat, all the herbs worked for more than one symptom it is the holistic nature of herbs which is not available in modern medicines.'

The traditional treatments for Atopic dermatitis discussed by Vender, (2002:1-8) earlier have expansive rundown the viability of the homegrown cures by the utilization of the customary pharmaceutical.

Also, Ahmad, Khan and Zafar (2008:421-424) talked about the significance of customary homegrown beautifiers utilized by the neighborhood women groups in the locale Attock of Northern Pakistan. They say that the general 40 percent species comprising of 38 genera and 34 families are utilized for making the homegrown beautifying agents.

Table 6. 16. Distribution of Respondents' Regarding Complementary and Alternative Methods (CAM) of Healing

Sr. No.	Categories	Frequency	Percentage
1	Treat the whole person (body, mind, and spirit)	93	39.6
2	Techniques don't rely on surgery	125	55.4
3	Less conventional medications	20	4.0
Total		238	100.0

Source: Interview Schedule

Table indicates the distribution of the respondents about the recourse they seek from Complementary and Alternative Methods (CAM) of healing for balancing of the health and achieving the stable life. Out of the total responses majority (fifty-six percent) sought recourse from CAM for the reason that the techniques used in it don't rely on surgery. Forty percent followed CAM for it treats the whole person (body, mind, and spirit) in totality and astonishingly only four percent claimed that they follow this particular healing system, as it is less conventional in medications.

The alternative health care consultations in Ontario, Canada disclosed by William, Peter and Jeanette (2011:1472-6882) are that the motivations to embrace this care framework is completely in view of the social parts of wellbeing, disease and solace alongside the social and the profound consideration the patient get from the expert. The wellbeing qualities and the socio-statistic elements of the general population of Ontario force them to utilize elective framework, an information investigation demonstrate that the ladies with unending illnesses surmise that their long medical issues can be unraveled by the customary restorative and option strategies which are fundamentally rub treatment, needle therapy and homeopathy.

William and all have agreed upon presuming that there are diverse reasons of the patients to receive the option medicines and utilization of the herbs relying on their socio-statistic profile, place of living arrangement and information of the medications. These analyses have similarity with above results.

Table 6. 17. Role of Spiritual Therapist for Optimizing Respondents' Health

Sr. No	Categories	Frequency	Percentage
1	To Great Extent	63	24.8
2	To Some Extent	123	54.5
3	Not at All	52	19.8
Total		238	100.0

Source: Interview Schedule

Table reveals the distribution of the respondents regarding the role of the spiritual therapist as the way for the stability of their health. The majority fifty-five percent agreed to some extent while twenty-five percent agreed to great extent and remaining twenty percent disapproved their role in this regard. The high proportion of the responses was approval to the said role, which shows that the people preferred and had faith on the spiritual ways of the treatment for the curative purposes.

Welsch, (1983: 18) explicitly treats the role of belief in an understanding of medical practice *"are logical consequence of....beliefs"*.

He contends that we should first look for clarifications of all treatment decisions in the same indigenous disease convictions whether the treatment picked have their beginnings in indigenous or presented therapeutic conventions.

Table 6. 18. Respondents' Recourse from Islamic Healing System

	Islamic Healing System	
Sr. No	**Categories**	**Frequency**
1	Dietary practices derived from Islamic/prophetic tradition include prescription for fasting and drinking *Zam zam*[20] water.	112
2	Mind-body therapy practices originating from Islamic/prophetic tradition include prayer.	76
3	Applied therapy consequential of Islamic/prophetic tradition include cupping	50
	Total	238

Source: Interview Schedule

Table demonstrates the distribution of the respondents regarding the recourse they sought from Islamic healing systems. According to the findings, the majority one hundred and twelve respondents used the above stated healing cosmology based on the dietary practices derived from Islamic/prophetic tradition include prescription for fasting and drinking *Zam zam* water while seventy-six respondents practiced "Mind-body" therapy practices originating from Islamic/prophetic tradition include prayer. Lastly, fifty respondents applied therapy consequential of Islamic/prophetic tradition include cupping.

Table 6. 19. Respondents' Recourse from Herbalist Healing System

	Herbalist Healing System	
Sr. No	**Categories**	**Frequency**
1	More affordable than conventional medicine	44
2	Easier to obtain than prescription medicine	36
3	Stabilizes hormones and metabolism	52
4	Natural healing	37
5	Strength in immune system	38
6	Fewer side effects	31
Total		238

Source: Interview Schedule

[20] Holy water in Islam, Zam Zam water is sacred to Muslims and comes from a well in Masjid-al-Haram Makkah in Saudi Arabia.

Although few archaeological evidences indicate that, the use of medicinal plants dates back to the Paleolithic age, approximately 60,000 years ago and the same legacy has continued to travel till date although its manifestation has changed across the time and space. The respondents in Bhara Kahu, in one form or another not only follow the said doctrine but also incorporate it in their dietary patterns. Some of the empirical data revealed that forty-four respondents adhered to the herbalist healing as it was more affordable than conventional medicine. Thirty-six respondents sought its recourse for the reason that it was easier to obtain than prescription medicine. Majority of the respondents (fifty-two) followed it as it stabilizes hormones and metabolism. Thirty-seven respondents followed it as for them it healed naturally, while thirty-eight respondents sought its intervention as it strengthened their immune system and lastly, thirty-one respondents sought its recourse as it had fewer side effects.

The herb and herbal constituents who are active against snake bite in India mentioned by Gomes et al., (2010:865-878) are medicinal, very precious and valuable. The residents go to traditional healers and practitioners for treatment as the herb to cure the snake bite illness is easily available.

Moreover, Bongioro, Fratellone and LoGuidice, (2008:1-24) work related on specie garlic is a remarkable unveiling of the medicinal properties of this specific herb. The early medicinal theorists like Aristotle and Pliny also supported and addressed the significance of garlic.

Table 6. 20. Causes to Consult Shamans

Sr. No.	Categories	Frequency
1	Ability to heal the sick with natural powers	94
2	Ability to do the Witchcraft	104
3	Escort the souls of the dead to that supernatural world.	40
Total		**238**

Source: Interview Schedule

Table reveals that the majority one hundred and four respondents consulted shaman, for only they have the ability to do the Witchcraft: communicate with the supernatural

beings. Ninety-four respondents considered that only they have the ability to heal the sick with natural powers and lastly, forty respondents considered their ill health due to influence of their elderly spirit and therefore consulted them as they escorted the souls of the dead back to that super natural world.

A respondent stated,

> شمامان او مولوي ځلې کونلري چې ناروغان ته ښه والی ورکړي ځکه چې دوی دواړه د
> شفا بدیل پوهه لري. د دوی پوهه یوازې په باور ولاړه ده که چیری تاسو په شمنانو
> او مولويانو باور وکړئ تاسو روغ شئ. باور ثبوت ته اړتیا نلري که کار وکړي نو ښه ده که ونه کړي نو د
> دوا او دم په ترسره کولو کې ستونزې شتون لري.

> *‘Shamans and Molvies have their powers to make the patients well because they both have the alternative healing knowledge. Their knowledge works only on believes if you believe in Shamans or Molvies you become healthy. The believes does not need proves if it works it is good if not there must be some problems in performing dua or dam.’*

Table 6. 21. Role of Shrines in Respondents’ Health

Sr. No.	Categories	Frequency
1	Attending religious ceremonies	68
2	*Dum, Dua, Ammal*	114
3	Sacrifices of animals at shrines	56
Total		**238**

Source: Interview Schedule

Table indicates the distribution of the respondents about the application of *dum, dua, ammal* and religious ceremonies as a path for the balancing of the distorted healthy life. Out of the total responses, the majority one hundred and fourteen conceived the performance of *dum, dua and religious ammal* and attendance of religious ceremonies at the shrines as the way to maintain their health. Sixty-eight respondents preferred attending religious ceremonies at the doorsteps of shrines and lastly, fifty-six had a belief of sacrificing animals at the shrines and distributing it amongst the devotees as a mean to attain a prosperous health.

Thus, the majority people agreed with the both the variables which shows that the visit to the shamans and the spiritual occurrence of religious ceremonies solved the issue of the health which were faced by them. Moreover, the people found the magical

techniques more suitable than the *dum*, *dua* strategies and *ammal* for curing the diseases.

Table 6. 22. Respondents Seeking Treatment from Unani Healing System

Sr. No	Categories	Frequency
1	Hot and Cold Classification	62
2	Preventive Healing	138
3	Curative Healing	38
Total	**Total**	**238**

Source: Interview Schedule

Above table shows the distribution of the respondents seeking treatment from the Unani healing system. The majority one hundred and thirty-eight people consulted Unani *Hakeem* for the prevention of probable diseases while sixty-two respondents used Unani mode of treatment to maintain a balance between the hot and the cold and thirty-eight used it for only curation of ill health.

Table 6. 23. Distribution of Respondents Seeking Treatment from Chinese Healing System

Sr. No.	Categories	Frequency
1	Yang (Hot) and Yin (Cold) Classification	78
2	Preventive Healing	118
3	Curative Healing	42
Total		**238**

Source: Interview Schedule

The above table reveals that the majority one hundred and eighteen respondents used Chinese healing system for preventive health while seventy-eight used it to maintain a balance between Yang (hot) and the Yin (cold) while forty-two used it for curative health.

In the nutshell, one may argue that for centuries healing has remain embedded in non-Western cultures. Traditional cultures as that of Bhara Kahu town, people believe that healing imitates from the divine and utilize a holistic approach to healing including

the body, mind, and spirit. The community and environment are key elements in individual healing along with herbal remedies and ceremonies.

With increasing globalization and cultural interaction and cross-pollination, healthcare providers are encountering patients with a myriad of belief systems about healing and healing practices. A common theme across cultures is the interconnectedness of mind-body-spirit in healing. Thus, methods used by herbalists are often holistic, encompassing the psychosocial spiritual aspects of not only the sick, but also the family and the community, which I previously referred to as Therapeutic Management Group.

6.4 Focused Causes of Seeking Herbalism

The fourth and last section of the section of the chapter discusses the focused causes of herbs-usage among the respondents of the Bhara Kahu town. It presents a comparison of respondents' cultural construction and belief system towards herbalism, humoral healing system and herbalist treatment, use of herbal drugs and of herbs, ethno medicinal practitioners and *Hakeem* and lastly use of natural herbs apart from the use of home-processed drugs. It also discusses respondents' recourse to such a healing due to poverty, epidemiological issues and self-treatment as the reason to seek herbalist intervention.

Table 6. 24. Impact of Poverty in Seeking Herbalist Treatment

Categories	**Frequency**	**Percentage**
To Great Extent	113	50.0
To Some Extent	99	43.0
Not at All	26	7.0
Total	238	100.0

Source: Interview Schedule

Table reflects the distribution percentage of the respondent's perception regarding the poverty as the reason to seek herbalism. The majority fifty percent of the Respondents agreed with the statement to great extent, while forty-three percent agreed to some extent and lastly seven percent did not agree with this declaration.

Dwivedi, Dwivedi and Patel, (2006: 60-63) reviewed that the tribal and country occupants of Satna and believed that the main driver for every one of the ailments is the issues of the stomach related framework; they discover no alleviation in utilizing the costly medications. In addition, the predominant financial conditions living close to or beneath neediness line drag the populace to depend and concentrate just towards the conventional healers and experts with the utilization of the herbs for treating their gastrointestinal issues.

Wenonah (1991) as mentioned in chapter two has adequately endorsed poverty as significant reason to seek herbalist treatment. The great mass of patients uses the administrations of the biggest quantities of allopathic specialists, both qualified and quacks. The profoundly particular first-class specialists offer medicines to the rich elites, and the extensive poor masses utilize the administrations of normal specialists.

Table 6. 25. Relationship of Chronic Diseases and Ailments with Seeking Herbalist Treatment

Sr. No.	Categories	Frequency
1	To Great Extent	94
2	To Some Extent	121
3	Not at All	23
Total		**238**

Source: Interview Schedule

Table indicates the percentage distribution of the respondents regarding the chronic diseases and the ailments and the health problems of the people as the reason to seek herbalism. According to the analysis, the majority one thirty-eight respondents agreed to some extent while hundred agreed to great extent in concluding the chronic diseases and ailments as a primary reason to seek herbalism.

According to one of the respondents,

'دائمی بیماری اور بیماریوں اور صحت کے مسائل ہربل کی تلاش کرنے کا سبب تھا'

'Chronic diseases and ailments and the health problems were the reason to seek herbalism'.

Table 6. 26. Distribution of Respondents' Health Problems

Sr. No.	Categories	Frequency
1	Cough	63
2	Diarrhea	67
3	Dysentery	23
4	Malaria/ Fever	44
5	Stomach-ache	27
6	Other	14
Total		**238**

Source: Interview Schedule

The table reveals pertinent health problems and diseases faced by the respondents at the time of the interviews, wherein sixty-three respondents were suffering from cough, sixty-seven were suffering from diarrhea and twenty-three from dysentery which one herbalist explicitly explained as:

ڈسنٹری آنتوں کی سوزش کی بیماری ہے، خاص طور پر کالون کی، جو ہمیشہ شدید دست اور
پیٹ درد کا نتیجہ ہوتی ہیں۔ دیگر علامات میں بخار اور نامکمل اجابت کا احساس
شامل ہو سکتی ہے۔ بیماری کی وجہ سے کئی قسم کے انفیکشن پیدا ہوتے ہیں جو بیکٹیریا،
وائرس اور پیراسائٹ کی وجہ سے ہوتا ہے

Dysentery is an inflammatory disease of the intestine, especially of the colon, which always results in severe diarrhea and abdominal pains. Other symptoms may include fever and a feeling of incomplete defecation. Several types of infectious pathogens such as bacteria, viruses and parasites cause the disease.

Furthermore, forty-four respondents were suffering from malaria/ fever while twenty-seven from stomachache and lastly fourteen respondents were suffering from various other seasonal diseases.

Table 6. 27. Cross Distribution of Culturally Constructed Variables and their Relationship to Herbalism

Main Variables	Sub-Variables	Frequency	Total
Nutrition	Understanding food as culture	107	**238**
	Nutritious dietary habits	131	
Environment	Cultural conceptions of the health environment	96	**238**
	Encouraging cultures of connection to green and blue spaces	142	
Migration	Understanding the impacts of migration and marginalization on health and well-being	115	**238**
	Health diffusionism	123	

Source: Interview Schedule

Table above comprehensively presents as well as compares the pertinent three cultural variables that influence respondents' understanding as well as choices to adopt a peculiar mode of herbalist intervention.

The first variable that was explored was relationship of nutrition with culture and health wherein one hundred and seven respondents had a due course of knowledge regarding food as culture, while one hundred and thirty-one respondents practices nutritious dietary habits.

Relationship of environment, culture and health was explored to measure the cultural conceptions of the health environment, which was endorsed by nine-six respondents while one hundred and forty-two respondents were supportive to connect cultures across the green (ecology) and blue (water resources) spaces in the surroundings of Bhara Kahu town.

Lastly, relationship of migration, culture and health was ascertained wherein one hundred and fifteen respondents do understood the nature of impacts of migration and marginalization on health and well-being while, one hundred and twenty-three respondents highly endorsed the diffusion of health as a result of migration.

Table 6. 28. Common Epidemiological Diseases in Respondents' Family

Sr. No	Diseases	Frequency
1	Mosquito-borne Disease	47
2	Ischemic Heart Disease	13
3	Intestinal Infections	41
4	Bacterial Diseases	36
5	Viral Diseases	23
6	Tuberculosis	19
7	Cancer	9
8	Diabetes	27
9	Stroke	21
Total		**238**

Source: Interview Schedule

Several diseases that have been eradicated from most parts of the world still exist in Pakistan in general and in Bhara Kahu town in particular. In lieu of it, World Health Organization (WHO) categorizes Pakistan at 122 out of 190 countries in terms of health care standards. The table above reveals nine most common epidemiological diseases suffered by the family members of the respondents. Mosquito-borne diseases like malaria, dengue fever and yellow fever was prevalent amongst forty-seven respondents' families. Ischemic or coronary heart disease although being one of the most lethal diseases in Pakistan was prevalent amongst only thirteen families. The reason behind the outburst of this epidemic was air pollution, smoking and unhealthy food choices that gave way to high cholesterol levels, obesity, lethargy and exposure to harmful pollutants. Furthermore, due to the lack of proper sanitation, pure water isn't there to flush out toxins from the body. The second common disease was intestinal infections prevalent amongst forty-one families. Infection was the most prevalent form of disease in the town, and it included cholera, typhoid fever, dysentery, food poisoning and diarrhea among others. Bacterial diseases were reported by thirty-six families while viral diseases by twenty-three. Common viral diseases included viral hepatitis, mumps, rabies, measles, chicken pox, and many more. Tuberculosis was reported by the nineteen respondents and as a matter of fact, Pakistan ranks 8 out of the 22 countries in the world that are most highly prone to

tuberculosis, according to WHO. Tuberculosis can occur in the pulmonary (lungs), respiratory, and central nervous system. Furthermore, it takes place as meningitis (brain), as well as bones, joints and other organs. The same argument has been leveled by Reyes et al., (2008:251-257) who stated that the patients with disease of anti-tuberculosis face many hurdles in achieving appropriate treatment which resulted in a defaulting of the ailment. The poor people seek conventional methods, and physicians were also not satisfied due to communication barrier and the non-attentive attitude of the doctors was their main concern.

Cancer is one of the leading causes of death in Pakistan, representing 8 percent of all deaths. Lung cancer and breast cancer are the two most common types of cancer in Pakistan. Nine families of the respondents suffered from this epidemic. Diabetes was reported to affect twenty-seven families. As a matter fact, diabetes occurs when the body becomes incapable of producing insulin, resulting in low metabolism and high glucose levels in the blood and urine. Pakistan has the highest diabetes rates in all of South Asia, with as many as 7 million people affected by the disease. Lastly, twenty-one families were affected by the stroke of two types namely, ischemic and hemorrhage. A stroke occurs when blood flow to the brain is disrupted. Ischemic is when a blood vessel or artery is stopped by a blood clot and is unable to reach the brain. Hemorrhage results in internal bleeding of the brain due to rupture of a brain blood vessel. It is a major cause of death in Pakistan.

Table 6. 29. Distribution Regarding Herbalist Healing Characteristics

Sr. No.	Categories	Frequency
1	Preventive nature of herbs	32
2	Curative nature of herbs	96
3	Hot Classification of herbs	83
4	Cold Classification of herbs	27
Total		**238**

Source: Interview Schedule

The table above presents the data of four different healing characteristics of herbalism. The respondents understood the herbalist mode of healing as mainly curative in nature i-e., particular herbs used for treatment of illness, disease or distress

with a frequency of ninety-six, while second highest frequency of respondents was eighty-three who classified herbs in to hotness in nature. Thirty-two respondents considered herbs as possessing only preventive characteristics i-e., they only prevent the disease and strengthen defense mechanism of the body, while twenty-seven respondents who classified herbs in to coldness in nature.

Table 6. 30. Distribution Regarding Humoral Healing System Characteristics

Sr. No.	Categories	Frequency
1	Preventive nature of healing	36
2	Curative nature of healing	76
3	Hot Classification of food items	79
4	Cold Classification of food items	47
Total		**238**

Source: Interview Schedule

The table above presents the data of four different healing characteristics of humoral system. The seventy-nine respondents understood the humoral mode of healing as mainly characterizing food and vegetable items in to hotness in nature. The second highest response was of seventy-six respondents who considered it as mainly curative in nature. Forty-seven respondents classified food items as cold while thirty-six respondents consider humoral healing as preventive in nature.

Table 6. 31. Distribution of Respondents Seeking Treatment from Ethno Medicinal Practitioners

Sr. No.	Categories	Frequency
1	To Great Extent	84
2	To Some Extent	112
3	Not at All	42
Total		**238**

Source: Interview Schedule

Table reveals the distribution of the respondents regarding the consultation of the ethno medicinal practitioners wherein the majority one hundred and twelve people agreed to some extent while eighty-four agreed to great extent and forty-two denied any such a consultation.

Table 6. 32. Distribution of Respondents Seeking Treatment from Hakeem

Sr. No.	Categories	Frequency
1	To Great Extent	70
2	To Some Extent	130
3	Not at All	38
Total		**238**

Source: Interview Schedule

Religious healers (*Hakeem*) played an imperative role in advising and providing cure to the respondents. The majority one hundred and thirty people agreed to some extent with the interaction of the *Hakeem* for the health purposes while seventy agreed to great extent and the thirty-eight disagreed. A respondent stated,

> اُس انتشں عرن عکی ئے ار اآاوری در لی، آءوسرت آوراب رپم عرل ے مع ف الادوس ہ ر دای ککگشُرگ ا
> اوگ رت وتکل سل عری ہ منئ جون چ ہ ز پ ہن ہاَت؟ ج افی ے تان جاہ ان ہ ے ‘
>
> *People who are concerned about their health, they properly visit their medical advisor there is a saying 'Jan hy to Jahan hy'. If you are not taking serious your body what is the money for?'*
> ’

Table 6. 33. Distribution of Respondents Regarding Self-Treatment

Sr. No.	Categories	Frequency	Percentage
1	To Great Extent	91	34.0
2	To Some Extent	103	50.0
3	Not at All	44	16.0
Total		238	100.0

Source: Interview Schedule

Table discusses the distribution of the respondents about the usage of the self-treatment as the one of the methods to maintain health. Out of the total population, the majority fifty percent agreed to some extent with the declaration while thirty-four agreed to great extent and the remaining sixteen percent rejected the statement. The high proportion of the recognition to the statement by the respondents to some extent reveals that the people found safe to treat some ailments at home by themselves.

A respondent stated that;

ہمارے گھر میں کچن کی اشیاء ہم صحت کے لیے استعمال کرتے ہیں یہ بہت حیران کن ہے کہ ہمارے پاس دوائیاں ہیں اور ہم اپنا خیال رکھ سکتے ہیں،

'In our home we use kitchen items for health purposes. It is quite astonishing that we have medicine and we can take care of ourselves.'

In the nutshell, the chapter focused on the dynamics, modes and process of the cultural construction of herbalism as a mode of ethno medicine treatment. The chapter also discussed the determinants of herb-seeking behavior and explained the leading reasons of herb seeking behavior with certain other key related variables. Diverse indigenous health care services in terms of their economic efficacy were also discussed. The conceptual development towards the health seeking behavior and services were documented under the influence of socio-economic and political determinants. Chapter also discussed the adaptation of health services under the influence of social class, the concepts of prestige and discrimination towards the decision making among household head and economic resources the respondents have.

The decision-making process taking into consideration the available facilities and perception among natives were also documented to make the study more systematic in nature. Cognitive development of illness, health and health seeking behavior (conceptual model discussed in chapter three) were identified and documented with the help of ecological variables and further extracted variables by cultural interpretative approach. A number of concepts were barrowed to develop the conceptual understanding of natives regarding their behavioral adaptation towards ethno-medicine. Chapter also discussed the conceptual understanding under the influence of socio-economic status of families and role of household head in decision making towards choice of health services available in the area; the decision of adaptation (health service), were conceptualized under the economic status of family, access to the service facility and services provided by the health proficiency were also documented to conceptualized the process of health seeking behavioral adaptation towards ethno-medicine choices.

Chapter No. 7

HERBALISTS' CONSTRUCTION OF ETHNO MEDICINE

"Foolish the doctor who despises knowledge acquired by the ancients."

Hippocrates

The chapter describes the herbalists' discourse on the prevalence, cultural construction as well as endorsement of the herbs-usage in the Bhara Kahu Town. The field data as well as ontological stances on herbalism is based upon sixteen case studies conducted on ethno-medicinal herbalists.

The use of herbs, herbal medicines continues to expand rapidly across the world with many people now resorting to these products for treatment of various health challenges in different national healthcare settings WHO (2004). This past decade has obviously witnessed a tremendous surge in acceptance and public interest in natural therapies both in developing and developed countries, with these herbal remedies being available not only not only in drug stores, but now also in local food stores and supermarkets. It is estimated that up to four billion people (representing 80% of the world's population) living in the developing world rely on herbal medicinal products as a primary source of healthcare and traditional medical practice which involves the use of herbs is viewed as an integral part of the culture in those communities Mukherjee (2002), Bodeker *et al.,*(2005), Bandaranayake (2006).

The origins of herbal medicine lie in the common empirical evidences of the human race, in observing which plants the animals ate when they were feeling sick, and following their example, mankind also followed the legacy. From these origins, augmented by centuries of experiential trial and error, a body of knowledge and lore developed in each region of the world, which became the world's indigenous folk medicine traditions. According to the herbalists,

"طب سنتی شفاخانه شعوری و عملی است متشکل آگاه برای بیماری که گیاه برای آن است"، با نظریه حداقل زشی پشت آن از این ریشه ای تجربی سیستم ای پزشکی سنتی بزرگ تکامل یافته بودند، که در آن انتخاب و استفاده پزشک گیاهان نه تنها با تجربه بلکه همچنین از نظر نظریات و اصول پزشکی هدایت شد.

'The folk medicine of the town-healer is immediate and practical, consisting of the herb for this illness, that herb for that", with a bare minimum theory behind it. From these empirical roots the world's great traditional medical systems evolved, in which the physician's selection and use of the appropriate herbs was guided not just by clinical experience, but also by medical theories and principles.'

Throughout history, there has been a great amount of exchange, trade and commerce in herbs and other natural medicinal substances, as traditional healers in each region of the world wanted to secure access to effective remedies that produced results. The majority of the people in the town has migrated from different parts of the Pakistan and hence belong diverse ethno-lingual classifications. The dwellers possess their own traditional knowledge on medicinal plants that contributes to a broader understanding of medicinal plants in Pakistan.

The Herbalists believed that each body is unique in its own. According to Angel and Thoits (1987) as stated earlier everybody grows in life enduring different levels of pain, illness, trauma, and disease, each one causing disruption to the mind, body and spirit. When the body is approached with a sincere touch, healing intent, and understanding of the uniqueness of each individual, the body can truly begin to heal.

7.1 Herbal Medicine in Bhara Kahu

As conventional medicine makes a domineering path in the health care system in many Bhara Kahu homes, questions do arise on the role of herbal medicine in the health setup. Many have wondered if that will mean the end to herbal medicine or indigenous ways of healing. This is in lieu of the theoretical approach that validates the cultural process of symptoms recognition. Labeling those symptoms to the particular disease with the help of different epidemiological studies from various ethnic groups of people done by the practitioners in identification, evaluating and then treatment of patients, a detailed description is in third chapter available.

According to the World Health Organization WHO (1993), herbal medicine, undoubtedly, is the most common traditional medicine therapy used for many therapeutic techniques. There are basically five main categories of indigenous or traditional healing practitioners in the town;

1. First, the properly trained and very competent herbalists who have had their skills handed over to them through oral traditions or a long ancestral line. They usually have their own-hospitals or-clinics, and are consulted by respondents in a manner similar to what normally happens in a conventional hospital or clinic.

This class of herbal medical practitioners usually believes more in the actual efficacy of the herbs, and attributes their cause to the particular herbs administered. Supernatural considerations are secondary, (although quite important) factor in their practice Addae-Mensah (1989).

2. The second class of herbal practitioners is slightly different from first category, but those in this group believe more in the supernatural causes and cures of diseases as stated under the behavioral model of decision-making. Usually, the herbal preparations they administer are employed not as the actual curative agent, but as a means of either driving away evil spirits, destroying the supernatural powers responsible for any particular ailments, or involving the help of -good spirits who will then administer the cure required. Traditional age-old Clergymen and women, *Imams*, *Peers* and others are identified with this group. The supernatural plays a very important role in the life of the herbalist in this category. From the diagnosis to the treatment of illness, the supernatural or spirits are made integral part of the healing. They usually undertake rituals before giving herbs. This is believed to evoke the blessings of the spirits to heal the sick (ibid).
3. The third category includes the itinerant herbalists, who conduct their trade either at street corners or from house to house; this practice is usually an ill-defined hybrid of categories one and two above. He visits houses door to door advertising cures for a wide spectrum of ailments from piles and boils, through ability to make a 35-year-old barren woman a prospective mother of triplets (ibid).
4. The next major category is those termed scientific herbalists. These are herbalists who combine herbalism and scientific methods in treating disease. Practitioners in this group usually allow patients to visit scientific laboratories

for diagnosis before herbal medicines are used to treat diseases. Efforts are been made by the government and individual corporations and entities to encourage this category of practitioners. Since last two decades, for example, the Qarshi and Hamdard have officially being involved in training herbal healers.

5. The last category that holds most members is the amateur practitioners made up mostly of people who have had a bit of skill, or a few remedies transmitted to them from friends or relatives who usually give their services to friends or relatives free of charge, or for a token fee.

Hippocrates said, *"Let your food be your medicine, and your medicine be your food."*

There is no clear distinction between food and medicine; they are all part of a vast continuum.

Herbalist health care has remained as the most affordable and easily accessible source of treatment in the primary healthcare system of resource poor communities like Pakistan since its inception. Despite the increasing provision of biomedical health care in Islamabad in general and in Bhara Kahu in particular, this rich indigenous knowledge on traditional remedies is not adequately documented. Documentation of herbs used as traditional medicines has been the need of the time and its efficacy and recourse has been proven amicably. The current investigation therefore, attempts to fill some of the gaps in indigenous knowledge related to the use of herbal medicines in Bhara Kahu. A respondent stated that same as,

> د ګیاپوهه خورا ګټوره او ارزانه ده. خلک د بوټو د کارولو او اغېزمنتوب په اړه
> اندېښمن نه دي دوی غواړي ژر تر ژره ښه شي. د دې په اړه چې لوړه اندازه
> درملو درمل موجود وي او ناروغان غواړي یو وخت راحت غواړي، وروسته له دې چې
> یو یا دوه ورځې ستونزې پیل شي بیا نو بل خوراک وي خو د ستونزې د حل لپاره بشپړه توګه حل
> نه شي، .

> *'The herbal knowledge is very helpful and cheap. People are not concerned with the use and effectiveness of the herbs they just wanted to become well in mints. That is why the high doses medicine are available and patients want just one-time relief, after one- or two-days problems will start he/she get another doss but not in the favor to resolve the issue completely, rather than using doses again and again'.*

The world over, herbal and traditional medicine practices are in rising demand. Recognizing the increasing importance of traditional medicine in public health, the World Health Organization released the WHO Traditional Medicine Strategy for (2014-2023).

The goal is to foster the appropriate integration of these affordable, accessible, and culturally appropriate magical medicines; particularly relevant for the half of the Bhara Kahu population that rely *exclusively* on traditional medicine in one aspect or another.

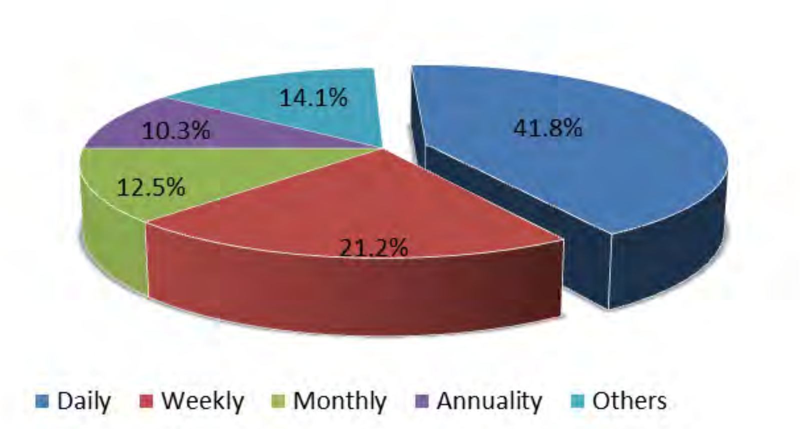
Integrative medicine is at the nexus of powerful currents between the global and the local; bridging vastly differing worldviews and epistemologies in service of greater health. Traditional medicine knowledge among the Bhara Kahu people is based around the use of herbal medicines, rituals and ceremonies to treat all manner of physical, mental and spiritual maladies.

According to the herbalists,

> ش ہر میں ور ب ل پ ود ے ک ے ب ار ے م یں ع ل م ک ی ئ ی س ی ن ل س ے گ ز ر ت ا ہ ے .
> ب ز رگ و ر ک ی ط ر ف س ے ک ی ئ ی س ال و ں س ے ش ق ا ور خ د م ا ت م یں ج م ع ہ و ن ے و ال ی ع ظ ی م
> ع ل م ب ش ر ک ے ذ ی ع ے ط و ی ل ع ر ص ے ت ک ل پ ن ے ہ و ت ے ک و م ن ظ و ر ک ی ا ج ا ک ت ا ہ ے . ش ل و ں
> ن ا پ ن ی پ ود و ر ک و ب ع ض پ ود و ر ک ا س ت ع م ال م یں د و س ر ے ل س ر ک س ے ا ت ہ ش ر ک ی ا .
>
> *'Knowledge of the use of herbal plants in the town is passed on through several means. The great knowledge accumulated over years of practice and service by elders may be passed to their grandchildren on long walks through the bush. Healers share their practice in the use of certain plants with other healers'.*

In order to regulate the manufacture, import, export, storage, distribution and sale of Tibb-e-Unani, Ayurvedic, Homoeopathic, Herbal and any other non-Allopathic medicine; the government of Pakistan passed the following constitutional act in year 2018, named as "Islamabad Health care Regulation Act" (Gazette of Pakistan, 2018). The herbalists serving in the town were registered under the said act and hence claimed to comply with the guidelines of the said act.

Figure 7. 1.Frequency of Herbal Utilization by the respondents



Source: Interview Schedule.

7.2 Herbs Selling

Indeed, medicinal herbs are a recession-proof herbal business. The recession has hit everyone globally, nationally as well as in the research locale. Still, people want to live a healthy life. People are more concerned with being green, being resourceful, and using natural products than ever before. This is where medicinal herbs do help, as a way to live a healthier and more natural lifestyle.

Almost all sixteen herbalists interviewed agreed and stated,

'معاشی غیر یقینی کے ان دنوں میں دواؤں کے جڑی بوٹیوں کا کاروبار منافع بخش ہو سکتا ہے!'

'A medicinal herb business can be profitable even in these times of economic uncertainty!'

Moreover, few herbalists who were also engaged in growing homemade herbs stated;

'یہاں تک کہ دواؤں کی جڑی بوٹیوں کی بڑھتی ہوئی تعداد بہت مشکل نہیں ہے، اور نہ ہی کسانوں کو بہت سارا پیسہ خرچ کرتی ہے بیجوں، کھاد اور چھوٹے پلاسٹک کے برتن تمام ضروری ہوتے ہیں، فرض کرتے ہیں کہ وہ پہلے ہی بڑھتی ہوئی جگہ اور چند ہاتھ والے اوزار ہیں.

'Even growing medicinal herbs isn't too difficult, nor cost the cultivator large amount of money. It's still possible to get started for next to nothing, as seeds, fertilizer and small plastic pots are all required, assuming he/ she already have a growing space, a wheelbarrow and a few hand tools.'

Another respondent shared that the use of herbs dramatically increased in Bara Kahu in recent years as,

'د ره‌ی روکارول و په روسنی کلونو کې د بارا هو ښار کې تیکی په درې برخو کې په
ډرامانیک ډول وده شوې ده. نن ورځ، هر څوک کولی شي د اسلام آباد په رسټورانونو
کې د پېروت ازموېنو په کارول و سره په لږ لی سره ډېری پوډېو کاروي. نوې طبي
څېړنې ښیي چې ډېری بوټي قیمتي مخدره توکو په ځای د ګټور کاران شوي
ګټور دي. نږدې هر پرچون پلورنځي ته لاړ شئ، او تاسو به عجیبه بوټي وموئ چې په
خوراکي توکو او صابون، موم، چای، پوټپوری، درمل، حمام تیل، حتی د
ماشومانو په اره "خوبونو" کې کارول کیږي.

'Herbal use has grown dramatically in three areas in recent years in the Bara Kahu town. Today, anyone can easily trace few lots of cooks in the Restaurants of Islamabad using more fresh herbs. New medical research has shown many herbs can be useful as healthy alternatives to expensive drugs. Walk into almost any retail store, and you'll find herbs used in an amazing variety of products soaps, candles, teas, potpourris, medicines, bath oils, even "dream pillows" for kids.'

Although dwellers of the town use almost four times more cooking herbs than the people following metropolitan life style in the Islamabad City, this is changing fast, as cooks discover the benefits of cooking with fresh herbs. '*Thanks to the influence of cooking magazines, television cooking shows, and a growing level of culinary awareness, the dwellers in particular ask for fresh herbs at Herbal stores, and buying potted culinary herbs to grow at home',* stated Herbalist running Murree Pansar Store.

According to another herbal enterprise owner at *Nai Abadi*,

پہلے چار مہینوں کی سرمایہ کاری میں ہی ہم نے اپنے سارے پیسے وصول کر لیے تھے.
اور ہمیں یہ بھی پتہ چلا ہے کہ گرین ہاؤس میں بوٹیاں پیدا کرنا اتنا ہی آسان ہے جتنا کہ گھر میں
کیے جانے والی جڑی بوٹیوں پھول اور سبزیوں کا اگانا آسان طریقہ ہے.

"To my complete astonishment, within the first four months of retail sales we had recovered our entire investment and still had plants left for our fields. We also found out that growing herbs in the greenhouse is easier than growing potted plants, flowers and vegetables."

The same herbalist further revealed that they also grow seven canals of field-grown herbs, using just a rudimentary agrarian technology. The herbs are sold in bulk to the natural foods markets and to manufacturers of teas and natural medicines. *"There is nothing to stop you from creating your own niche in the herb world. The market is there, all that is needed is the product,"* he stated.

کوئی بھی ایسی سوچ نہیں ہے، جو آپ کو روک سکے. ہربل دنیا میں جگہ خود بنانا ہے. مارکیٹ
موجود ہے، صرف چیزوں کے وہاں لے جانے کی ضرورت ہے.

He delineated his interest into the said profession as such:

I: *What was your first experience with herbal medicine?*

Herbalist: *When I was thirty-six, I became quite ill with severe abdominal cramping. The doctors didn't know what it was. I met a local herbalist, and she mentioned that a certain plant growing in the Margalla Hills around my town was good for my condition. The doctors wanted to do exploratory surgery, but instead I ate some of the plant. The pain was about half as severe the next time it happened, and the next time about half again, until finally it just went away. After that, I began to take control over my own health.*

Because of their wide appeal, culinary herbs make sense for the first-time grower. One first gets started with the most popular culinary herbs, and then can expand their herb business to include medicinal and fragrant herbs and value-added products as their herb knowledge grows.

It is important for new herb growers to find a "niche" that fits their experience level, skills and the local market. Starting a backyard garden as an herb nursery can be a wonderful way for beginners to turn their love of gardening and plants into cash. It's one of the best ways to "bootstrap" a few thousand into a good income.

The secret to making good money with a backyard herb garden is to specialize in high demand herbs that can be container grown to save space, time and water as dwellers have to rely on only rainfall as a source for its irrigation.

صرف 011 مربع فٹ کا ایک چھوٹا سا گارڈن جس میں آپ 011 قسم کی جڑی بوٹیاں
گل سکتے ہو آپ اس سے 00111 روپے زیادہ کما سکتے ہو.

Just one small backyard growing bed with 100 square feet of growing space will hold 400 potted herb plants with a retail value of over Rs. 25000.

7.3 Inherited Occupation and Professional skills

Metaphoric and symbolic augmentation exists between the herbalists and western-biomedical practitioners, their healing cosmology; training as well as treatment plans. To be an effective herbalist in the town like Bhara Kahu, it is important to have the same skills and qualities as other healthcare practitioners: for instance some of them

are effective communication skills, sound judgment, being empathetic, advanced understanding of plant materials (growing, harvesting, and using as treatments) and support to Therapeutic Management Group (TMG).

These characteristics, derived from the interviews of the herbalists yielded grounds for the professional expertise of their occupation.

One Herbalist, who was the owner of *Madina Pansari Centre*, situated at *Jhuggi stop*, Bhara Kahu, was thirty years old, a Punjabi, married and belong to a middle-class family, had an average size shop consisting of the variety of the herbs, herbal drugs and also some good quality of dry fruits and nuts. He quoted:

"For me, healing services…is like a gift inside a gift."

He told that he has done the proper course of the herbalism after his education till Intermediate, a diploma in Hikmat for four years. He has taken qualification in this particular field to run his Pansari shop and also transmit his herbal knowledge to the patients visiting them for curing purposes. His idea was manifested from the following sayings:

"میں علاج کا یہ شعبہ چننے کا بہت خواہش مند تھا، وقت تو لگا، لیکن آج میرے سامنے ہے، شکر ہے"

"I had been very keen to complete my diploma in Hikmat, it took time but the result is in front of me, Shukar hai"

He further said that his forefathers who used to run these stores have never gone for a diploma in herbalism. He said that this store was economically viable as great quantity of the people visit it regularly and this became a valuable source of the income to earn and up brought his family and children. He was happy and contented from his monthly income and further wanted to expand this business.

Another herbalist, who was the owner of *Shafi Pansari center*, located in Bhara Kaho and was running this huge store since long time. His shop was a large size shop consisting of every type of herb, herbal drugs, oils, medicinal plant extracts and variety of dry fruits and nuts too.

He did his graduation in arts subject and after that he has gone for the diploma course in the herbalism attaining the certificate in the Hikmat knowledge. After that he established his business of Herbal to facilitate the patients not only with the diagnosis

of the disease through Hikmat knowledge but also doing the treatment with the available herbs and herbal drugs. He said:

> *My forefathers were also Hakeem but they didn't run the Pansari store.*

For him, this store was the only way to economically support him. He was thankful to his Almighty for the successful running of this center. Furthermore, all his workers were active and honest to their work.

7.4 Effective Strategy of Herbal Practice

Like any crop, markets for medicinal herbs are subject to the laws of supply and demand, and can be particularly volatile especially in the Bhara Kahu.
However, one herb-seller from *Jhuggi Stop* stated:

دزشوتمنیو ترلاسهکولولپاره دهظنجستانزوگرخید

I didn't become herbalist in order to 'get rich'.

I asked him few in-depth opinions about his abilities in the field as such:

I: *What are some less specifically herbal related abilities and skills that you consider important for an herbalist to develop and utilize?*

Herbalist: *It is essential for an Herbalist to be fully present while listening to people's health stories. He must maintain compassion without taking on others' illness or suffering. He also must recognize clients' limitations and must honor their word.*

I was astonished to see the marketing strategy adopted by almost all the herbalists running their business in the town. Their seven-step strategy is in lieu to any marketing strategy adopted by any International Multinational Corporation. Below, I put forth the strategy:

7.4.1 Researching the Market (National and Local)

The herbal medicine industry in Pakistan in general and in the potowar region in particular is growing fast due to:

1. aging population
2. increased health awareness
3. preventive healthcare trends

4. concern over allopathic medicines
5. growing demand for dietary supplements
6. rise in multi herb formulae
7. producers and retailers of supplements and natural products are growing fast.
8. There's a growing demand for herbal medicine.

One of the herbalists stated:

> *Shouldn't we (the herbalist) all feel positive, buoyant and be rushed off our feet?*

And he further stated on market scenario as:

> *One must also look at what else is on offer in Bhara Kahu – not just herbalists. One must look at their websites, their charges and their social media accounts.*

7.4.2 Segment the Market

Segmenting the market is viable and useful for intervention. Firstly, herbalist looks at what he does or plans to do:

1. Herbal consultations
2. Teaching, workshops and demonstrations
3. Making and selling products

Now, herbalist also thinks about his customer types and hence classified them so:

1. elderly, retired
2. young mothers
3. business/working people
4. local products seekers

Table 7. 1. At Glance

Elders/ Retired	Young Mothers	Business People	Local Products Seekers
Be trustworthy, knowledgeable, confident, approachable	Be trustworthy, knowledgeable, confident, approachable	Be trustworthy, knowledgeable, confident, approachable	Be trustworthy, knowledgeable, confident, approachable
Knowledge of and ability to work alongside allopathic medicine	Knowledge of pregnancy and pediatric issues	Efficient communication (email & phone)	Use of local/sustainable/foraged herbs
Time to be heard	Be comfortable with small children/babies	Evening and weekend appointments	Chance to learn to play an active part in their own treatment
Daytime appointments	Easy access to your clinic	Up front approach in terms of likely cost and time it will take	Energetic and spiritual aspects of herbs
Easy access to your clinic	Daytime appointments	Professional clinic space and attitude - not too openly 'alternative'	Recycled packaging, environmental awareness within practice

Source: Researcher's work

7.4.3 Check out the Competition

1. He first enlists the different herbalist practitioners he finds in the town.
2. Are they directly competing for the same patients?
3. He then creates a price comparison table.
4. How busy do they seem?
5. Other notes about their 'offering'.
6. What makes them different?

7.4.4 Works out Offering

1. During the market research, herbalist finds out what makes his practice unique,
2. Now he decides what he is going to offer and to whom. He constantly thinks about what each segment wants and who he aims at,
3. He tries to get inside the heads of each of their customer groups,
4. He also browses his mind in responding to the dwellers' requirement when they are looking for natural healthcare,
5. He tries to find common threads as well as points of difference.

7.4.5 Pricing: What the Market will bear

1. He makes a list of prices in his local area/ *Mohalla*.
2. He then ranks them from low to high and considers how his offering compares.
3. Where does he fit into this? If his offering is 'more' then his price should be higher. If 'less' it should be lower.

7.4.6 Pricing: Break Even Analysis

1. What are his fixed costs? Rent, rates, electricity, membership/ franchise fee, a fixed wage.
2. What are his variable costs? How much time is involved in each patient consultation? How much margin is there (if any) when he sells herbal medicines?
3. Work out how many consultations he needs to do per month to break even.
4. See how this number changes if he changes the price per consultation.
5. Now, he decides on his prices accordingly.

7.4.7 Interactional Dynamics with Customers

Think about the wants of the people he is aiming at!

The trust worthy herbalists in the town was only those who although not being formally educated, yet had a good command on dealing with their customers (respondents). From the conversations, I analyzed that they prefer discussing the roots of ailments with the entire TMG and were more communicative. More they, they must shed away any fears in the minds of TMG pertaining to the efficacy of herbs administered or his availability round the clock:

'*I use locally sourced/ grown/foraged herbs'*

OR

'I use locally grown and wild crafted herbs so you can be sure that your herbal medicine is sustainable, locally sourced and prepared with integrity'

OR

I offer evening and weekend appointments'

OR

'I offer evening and weekend appointments so that you don't have to take time off work unnecessarily'

In lieu of developing effective interaction and trust with the TMG, herbalists focused more on the 'Word of Mouth'. Instead of providing evidences in written i-e., recommending herbs by writing on a printed transcription pad, they focused more on communicating the nature of ailment orally.

7.4.8 Set Objectives and Measure Progress

The herbalists were very keen in monitoring the effectiveness of his interpersonal interactional relationship with TMG and this he accessed through:

1. Where have his bookings and enquiries come from?
2. If they are through word of mouth, what sort of patients are his most powerful advocates?

Having said so, they concluded:

جڑی بوٹیوں سے فوائد حاصل کرنے کے لیے ضروری ہے کہ ہمیں خود پہ بھروسہ ہو کہ ہم
لوگوں کے ساتھ اور مارکیٹ میں اس کاروبار کو چلا سکتے ہیں. ہمارے اس کاروبار میں ایک چیز اہم
ہے اور وہ یہ ہے کہ ہم کام کو کیسے اس شعبے میں انفرادی طور پر فائدہ حاصل کر
سکتے ہیں .

To thrive as herbal practitioners, we need to feel confident in our abilities to work with herbs, people and the business/marketplace. For our herbal medicine sector to thrive we need to be economically viable and fulfilled as individual practitioners.

7.5 Factors Responsible for Increased Patronage in Herbal Medicine

One of the Herbalists, who elaborated the pluralistic diversity of the dwellers visiting his herbal shop stated:

من هر نوع افرادی را که به گروه های مختلف قومی مراجعه می کردند دریافت کردم. من آن ها را
به گونه ای مقابله می کنم که رابطه عادی و غیر رسمی را با من ایجاد می کنند تا بیماران به راحتی
در مورد مسائل بهداشتی خود صحبت کنند و از این رو من با دانش طبی خود موثر و مثمر
تشخیص و درمان می کنم. سهم مردم شامل تعداد برابر مردان و زنان است

I received every type of people belonging to different ethnic groups as my customers. I deal them in such a manner that they build the normal and informal relationship with me so that the patients find comfort in openly discussing their health issues and hence I diagnose and treat them effectively and efficiently by his Hikmat knowledge. The proportion of the people consists of equal quantity of men and women.

He further revealed that post of the patients who visit him had same type of diseases like blood pressure, diabetes, stomach problems and hair fall. The customers who come for early diagnosis of the disease were given proper timing and appointment to meet the *Hakeem* and had the detailed interview with them. These interpretations were generated from the following wordings of the respondent:

"ہم صحت مند ماحول بیمار شخص کو دیتے ہیں تاکہ صحت مند نتائج حاصل ہو سکیں"

"We give healthy atmosphere to the unhealthy person to produce the healthy result"

Although he claimed that the people who just only come to purchase the herbs and herbal products were given their items only when they saw the prescription slip of the *Hakeem*, which I doubt as hardly could I see any prescription slips in their stores, but, all the herbalists stated so almost. The said herbalists stated that the side effects and the outcomes of the herb were disseminated to the clients in detail so that they could save them from any of discomfort and hazard. Thus, the atmosphere was managed and maintained wherein Therapeutic Management Group (TMG) can establish trust and complete confidence on the mode of healing.

7.6 Modes of Treatment

The science of diagnosis revolves around ascertaining and fixing the disease cause and application of various medicinal combinations of herbs for the treatment of that disease. The conceptual structures used by herbalist differ in most cases from those derived from western medicinal practices. Traditional medicine is based on the needs of individuals. Different people may receive different treatments even if they suffer from the same disease. Traditional medicine is based on a belief that each individual has his or her own constitution and social circumstances which result in different reactions to "causes of disease" and treatment. As one of the herbalists stated that **t**he patient was first given the warm and friendly atmosphere.

He quoted:

"I greet in pleasant mood always, saying As-Salam-u-Alaikum"

I: *How did you know you were ready to begin treating patients?*

Herbalist: *I began practicing when the hunger in me to heal was too strong to be suppressed. Those who are meant to heal all have this hunger in them, but physicians are forced to suppress it while they go through*

years and years of schooling. By the time they are ready to practice, many of them no longer have that hunger.

The recent waves of strikes by Doctors reflect my proposition whereas you will never hear a healer going on a strike!

I am deeply opposed to the med-school approach, which destroys the very healers it pretends to create.

In herbalism you're engaging in a deeper sort of communication. The words, the phrasing, the posture, the kind of touch you have they all matter. Compassion needs to flow in all directions. These are things that the medical model doesn't take into account. It can't that's one reason why imposing the medical model on the herbal model will destroy it.

The holistic approach was kept in the mind to deal the patient which is the most reliable mode for early diagnose and treatment of them. Moreover, the detail account and interaction with the patient helped them to suggest begin with the usage of which type of therapy. The first trial and communication were only the listening section while the herbs prescription or either the therapy mode was recommended on the next visit of the patient.

Disease diagnosis is based on looking at the tongue, pupil of the eye, temperature of the body, complexion variation on face and body. Also, various questions are asked to the patients for knowing the symptoms in detail. If patient complaints about pain at any part of body particularly the pain in stomach and lower abdominal region is checked by hand and actual pain areas are located on the basis of which diagnosis of disease will be made. If there is pain in left side of abdomen the patient may be suffering from liver or kidney troubles. Patient is asked if there is pain in lower half of abdomen after drinking water then patient may be suffering from any disease related to kidney. Patients are asked about if they sweat during day or night particularly after the symptoms of disease start to appear. The nature of sweat is considered of two type hot and cold one. As per patient describe the nature of sweat and diagnosed by herbalist hot sweat is sweat due to fever i.e. patient feel heavy heat in body and later on sweats to relive trouble but definitely such sweating is different from sweat due heat of sun or common heat. Cold sweat is a meager sweat that comes from body and as the patient describes it, it is a kind of humid and unhealthy sweating particularly during disease conditions. Patient feels increase in heart beat and weakness due to unhealthy condition of body after such sweating.

One of the local herbalists stated that:

> مریض نہ صرف انٹرویو کیا گیا بلکہ اس کے خاندان کے ممبران بھی بیماری کے آغاز کی
> تاریخ کے بارے میں تفصیلی معلومات کے بارے میں مشورہ دیتے ہے. وقت کی مدت بیماری
> اور بیماری کی صورت حال کے مطابق مقرر کی گئی تھا. اس کے علاوہ انہوں نے مذہب کے
> علاج کے ساتھ ساتھ ہربل علاج بھی استعمال کیا. اس نے مختلف پرانی بیماریوں کو علاج
> کرنے کے لئے حجامہ تھراپی پر بہت یقین تھا اور اعتماد تھا.

> *The patient was not only interviewed but also his or her family members were consulted for the detailed information about the history of the disease onset. The time duration was set according to the situation of the illness and disease. On the other hand, he also used the religious therapies along with the herbal one. He had great talent and confidence on the Hijama therapy to cure the different chronic diseases.*

On *Hijama Therapy,* he further added:

> "حجامہ، الحمدللہ میرا سب سے زیادہ استعمال شدہ موثر مقصد کے لئے ہے اور میں اس بیماری
> سے بھی مختلف بیماریوں کا علاج کرتا ہوں."

> *"Hijama, is Alhamdulillah my mostly used mode for curative purposes and I am satisfied with this act of treating the different diseases too".*

One other herbalist, focus on the need of the diet chart before the commencement of treatment episode:

> میں بہت سیدھا اور سختی سے اپنے مریض کو دی گئی ہدایات پر پابند ہوں، غذائی چارٹ
> میری پہلی پسند اور مریض کے مزید علاج کے لئے ضروری پہلو تھا

> *"I am very straightforward and strictly bounded on my instructions given to my patient, the diet chart was my first choice and essential aspect for further treatment of the patient"*

The dietary model was set for the people and then after three weeks of the first visit the addition of the certain herbs and herbal drugs were done on the basis of the responses after following the diet chart.

Yet one other herbal practitioner told that the manner in which they give ease to the patient from certain health problems and it all revolves around the Hikmat knowledge of their owner and his directions. They gave time duration of three to six months to the patient and accompany him till the desired end result. During this period, they punctually are in contact with the patient and systematically asked them the consequences of following the diet chart and the herbs prescription. Their first priority was to know the body mechanism of the patient and then the herbs and drugs were prescribed to them so to avoid any of the serious side effects or any reactions. The

herbalist raised his eyebrows while replying on the wrong modes of treatment as following:

> بالڪل نه، اسان جو مالڪ تمام ضروري آهي ۽ مريض کي جڙي ٻوٽي ڏيڻ واري حساط آهي، ڇاڪاڻ ته هڪ ڀيرو خراب ٿيڻ واري زندگي واپس نه اچي.
>
> *"Not at all, our owner is very possessive and careful in prescribing the herbs to the patient as for him life do not come back if once spoiled".*

Al-Krenawi and Graham, (1999:219-243) conducted a research study on 20 Bedouin Arab non-psychotic subjects in Israel, half were the male and half female. The analysis was to know the perception of the people on the basis of gender and how this affects the utilization of the traditional or biomedical health cares. According to them the patient first consults the family, then they move towards the general practitioners, the third is the traditional healer and the last one is the bio medicinal practitioner. The women were more inclined to traditional healing ways while men towards bio medicine. Other than these the bio medicine adhere the physical symptoms but the traditional method is much stronger in giving therapeutic pact. The satisfaction of the patient on the traditional healers is more as compare to bio medicine as they find it comprehensive and clinically beneficial treating the disease by focusing on the all domains of the health of the patient.

Ryan (1998: 209-225) who provided a systematic analysis of sequential data of the layperson's behavior in choosing amongst a variety of options in a pluralistic environment. Traditional healers were used as a conduit to other outside options. Three basic tenets were followed: firstly uncertainty was minimized by identifying illness types that require particular health actions and by delaying action; secondly the cost of care is minimized by first resorting to less expensive and easy to obtain remedies; and thirdly a variety of treatments is tried in the hope of finding at least one treatment that helps stop the illness.

The analysis discussed by Ryan and Graham shows that they were confirming the above mention interpretations about the mode of treatment and dealing the patient by the traditional healers and herb sellers.

7.7 The Efficacy of Herbalism

Leung et al., (2011:379-388) mentioned an affective food supplement for the osteoporosis invading more in Asia. According to them, the aging is adding in the Asian women due to the continuing loss of bone minerals in the body. The use of drugs is not workable as its ingestion has affect the normal balance of the bone metabolism, so to overcome such difficulties a food supplement needs to be made on the basis of natural extracts. The combination of three herbs resulted in making of ELP a Chinese herbal medicine which is active agent in giving support to maintain bone health. ELP are used for the prevention the osteoporosis rather than its complete eviction. So, the use of herbal treatment in curing this epidemic is increasing day by day as the bio medicines resulted in the side effects. This research concludes that the traditional treatment is effective with no side effects in treating the disease osteoporosis in Asia.

The naturopathy and herbalism consultations by the mid-aged Australian women who have cancer have been estimated by Adams, Sibbrit and Young (2005:443-447). According to their studies and 2001 data analysis the 11,000 Australian women were found to be the cancer patients this was characterized as an epidemic which prevailed at that time out of them 15.7 percent mid-age 50-52 years women consult the herbal practitioners for curing or regressing their ailment. It was all taken as a preventive measure for their illness and was also used alongside with the bio medicines too. But the doctors and physicians were also informed of this usage as they further monitor the impacts of these herbal treatments. Although the cancer women were satisfied and found relief to some an extent. These results and discussions show an approval with Leung and his team work that the herbal treatment is a preventive measure for epidemic diseases.

Kala, Farooquee and Majila, (2005:195-206) explore why the indigenous knowledge and medicinal plants are used by Vaidyas (traditional healers) in Uttaranchal, India. This state consists of human population of 8479562 of which 78 percent are the rural societies which have great faith in the old civilization medicinal healing systems like Ayurvedic healing method. This system is based on the traditional health efficacies and the people follow and direct their health seeking behavior due to the influence of

the existing social beliefs and traditions and culture. Although there is a faith that vegetable drugs are more powerful in their efficacy than western medicines but the Vaidyas are declining as the young generation perceive that the herbals drugs are less costly so by adopting this practice as a profession they will not be benefited so much. Other than this the study analyzed that there are 135 herbal drugs made by Vaidyas in curing 50 different ailments. All of above the majority people of India inclined more towards the traditional healing systems as they are more followers and believers of their culture and traditions.

One of the well-known herbalists, running his clinic at *Athaal chowk* said that the herbs and herbal drugs had a vast medicinal use and the people can afford them on very reasonable prices thus curing their ailments more effectively.

بوټي او د ګڼی درملوپرا خه درملو کارونې درلودي او ځکه کولی شي په مناسبه بیه وکولی
شي په دي ډول د دوی ناروغی په اغیزمنه توګه تشخیص کړي

According to him the herbs and herbal drugs recipe was fully reliable and the patients were informed with the detailed properties of them. There were no side effects of some of the herbs but minority of it do carry out less side effects as the patient were consciously told that the exceed use of any of the herb or herbal drug could harm them. The researcher evaluated the above discussion from following wordings of the respondent.

بوټو او د ګڼی ددرملو لارښوونې په بشپړ ډول باوري وه او ناروغان د دوی مفصل ځانګړتیاو
سره خبر شوي وو. د ځینو بوټو ځینې ناوړه اغیزه نه درلوده ځکه د دوی لږ شمیر لږ اړخیزې
ټرسره کوي ځکه چې په دی پوهیدل چې ناروغ د بوټو یا د ګڼی د هر ډول درملو څخه زیان
رسولی شي. ځینې بوټي د خواب ورکوونکی د لاندی لارو څخه ورته بحث ارزونه
وکړه

"With the curing herb patient don't need to give birth to false thoughts"

The most prevailing diseases like diabetes, blood pressure, obesity, male and female weakness, skin acne and muscle sprains were treated with help of the recipe of different herbs combination. They also contained the verified herbal products which were only given by seeing the prescription of the *Hakeem*.

Herbs and herbal drugs had an enormous medicinal use and the people can afford them on very reasonable prices. On the basis of the herbal knowledge they (herbalists) deduced the medicinal part from the herbs and plants to achieve the remedial

outcomes for the diseases and illness faced by the patients. According to their analysis the herbs and herbal drugs recipe was fully trustworthy and the patients were informed with the detailed properties of them. There were no side effects of some of the herbs but minority of it do carry out less side effects as the patient were consciously told that the exceed use of any of the herb or herbal drug could harm them. He replied as:

"Let the herb be your medicine then peace will be your health fate"

The most prevailing diseases like diabetes, blood pressure, obesity, male and female weakness, skin acne and muscle sprains were treated with help of the recipe of different herbs combination. They also contained the verified herbal products which were only given by seeing the prescription of the *Hakeem*. The owner said that the herbs were easily available than biomedicine.

Almost all herbalists claimed that the herbs and herbal drugs were of countless worth in the medical domain. They contained the variety of herbs which were giving the desired outcome for the treatment of diseases for which the people were visiting them that were mostly diabetic, blood pressure and skin hair problems. One of the properties of the garlic mentioned by the herbal practitioner was following:

"لہسن ماں ہے، جس میں قدرتی اینٹی بائیوٹک ہوتی ہے جڑی بوٹیوں کے سارے علاج کی"

"Lehson is the mother of all the herbal treatments, which has natural antibiotics in it"

The products of the brands used by them were also consistent. Thus, their use was not adding any harm. The medicinal properties of the herbs and the herbal drugs which were formulated by it were availed by the number of people thus the chronic and acute diseases were treated and cured. The herbs they kept ranged from low price to high but they all were affordable.

The exploration of the herbs and its efficacy by different authors and researchers predict that their usage has given positive results. Moreover, the cultural construction and belief system of the people also direct their health seeking behavior towards herbalism and herbal treatment.

One respondent responded to my query as such:

I: *Can you imagine a balance between pharmaceutical and herbal medicine?*

Herbalist: *I'm hopeful that, over time, a balance will be found. In a functional healthcare system, people would know how to do some self-care. You don't need to go to a doctor for colds and flu. There are easy ways to treat them that everyone should know. If a problem is more serious, you should go to a community herbalist. If it's beyond him or her, then you go to a natural practitioner who has expertise in the organ system that's causing the problem. Finally, for certain rare illnesses, you find physicians who use a combination of pharmaceuticals and herbs. This is what the senior physicians who have done F.C.P.S in bio-medicine are already doing. They don't have a cultural bias against herbs; they just want to use what works.*

میں نے محسوس کیا ہے کہ اگر لوگ بیمار ہیں تو ان کی پودوں میں ان کی ضرورت ہوتی ہے.
میں اپنے گرد و نواح کی آبادی کو اپنے ارگرد جگہوں میں دیکھا جس میں میں نے 01سال تک
رہنے کا موقع دیا ہے، اور وہاں میں نے بیماری کے بیچوں بیچ تبدیلیوں کے جواب میں تبدیل ہوتے
ہیں. لوگ پہلو کی ٹک ہے بعد اس پر توجہ صرف کر رہے ہیں پودوں کی آبادی بڑھتی ہوئی اور
ماحولیاتی نظام کی ضرورت کے مطابق گر رہی ہے جس میں وہ بڑھتے ہیں، اور اس میں
جانوروں کی زندگی بھی شامل ہے، جس میں ہم شامل ہیں.

7.8 Critical Thematic Analysis

The in-depth interviews of the herbalists were conducted to yield the efficacy of the herbs and herbal drugs, along with it, finding out the causes of seeking herbal treatment and evaluating the doctrine of dealing the customers at the herbal store. Lastly, the treatment methodology was observed through participant observation and it was drafted covering both symbolic and physical modes of intervention.

The customers were treated in the responsive way by the herbalist; the communication gap was eradicated during the healer and patient relationship. The content was first analyzed by the herbalist and then the diagnosis and treatment followed. Thus, assuring that the desired result and outcome which the patient wanted must be achieved by descending the side effects of the herbs and herbal drugs. The most prevailing reasons that direct the people attention towards the herbalist were the social- economic and cultural motives. The easy availability of the herbs, the efficient results and the healthy impacts on the life were some of the social reasons. In addition to them the native land traditions, blind followers and the lower income class people minds' construction motivated them more towards the reliability and comfort of the herbal treatment. Moreover, the economic conditions of the majority of the population also directed towards the herbal treatment, which is the one of the alternative healing

ways to cure the various diseases and ailments. In addition to it, the degree of satisfaction was valued in this type of treatment.

The case studies also revealed that the health seeking behavior of the patient mold towards the ethno medicinal practitioners and herb healers because they made them more comfortable in discussing their health problems. The bio medicine only adhered to the physical symptoms but the traditional method was much stronger in giving the therapeutic pact. The patient found the herbal treatment comprehensive and clinically beneficial, treating the disease by focusing on the all domains of the health of the patient.

The disease which were majority treated by the Herbal with the help of herb or their combination to produce herbal drugs were the mostly the gastro intestinal and digestive diseases, the muscle sprains, diabetes, blood pressure and female, male weakness along with the skin acne problems. The Dwellers' described the detailed properties of some medicinal herbs. Like to treat the gastro intestinal and digestive disease the herb *Phasil Yulm* (Slippery Elm) was used in different forms not only helpful in keeping the digestive system smooth but also treat the skin and hair issues. In addition to it, the herbal drugs Chuarqa Qarshi liquid were used to treat digestive illness like constipation, diarrhea, vomiting and dysentery. The uses of some essential oils were also imparted to the patient for healing digestive problems. The most probably, *Narial tail* (coconut oil) was utilized as it had antimicrobial, antiviral and antifungal characteristics in it.

Buwa and Staden, (2006:139-142) estimated the anti-bacterial and anti-fungal activities of traditional medicinal plants used against venereal diseases in South Africa. They concluded that they were 13 plants extracted from aqueous which were used to treat the venereal diseases by acting as anti-bacterial and anti-fungus. The plant extract *Gunnera perpensa* were used best against the bacteria while the *Harpephyllum caffrum* were used against a venereal disease candidiasis. This study depicts that the traditional medicinal parts are of great medicinal properties used to cure different type of ailments. These analyses were in contrast to the above mentioned discussion but united at one point depicting the anti-microbial, anti-fungal

and anti-bacterial properties of certain herbs for the betterment and stabilization of the digestive and venereal diseases.

The Dwellers' also revealed the medicinal properties of the herb for the treatment of urinary tract. The most prominent used plant was *Uva Ursi* (bearberry) that was famous as the urinary antiseptic healer. The *Ashwagandha* (marshmallow root) was prescribed in the organic form as the herbal drug which acted as an anti-inflammatory agent for the urinary tract walls.

The evaluations of the authors of Zimbabwe revealed the following results for the solution of urinary diseases which used different herbs from above mentioned responses. The traditional herbal remedies used to cure the urinary *schistosomiasis* in Zimbabwe were researched by Ndamba *et al.*, (1994:125-132). They evaluated that five out of 286 traditional healers who were registered in Zimbabwe were involved in addressing the symptoms and curing the disease of urinary *schistosomiasis* by using their traditional knowledge. *Haematuria* is a medicinal plant extract which was used by 99% of the traditional healers against urinary disease. The major symptoms of this disease were the body weakness, pain on micturition and the increased urinary frequency, these were easily treated by the herbal extract. The total of 8 medicinal plants is available in Zimbabwe to fix the urinary disorders in the individual.

For skin acne the combination of haldi (*Curcuma longa*), ubtan, sandal (*Santalum album*), phitkari (Potassium alum) were prescribed by the Herbal. Along with them the patient was also given a choice to use the herbal drug (*SaffiHamdard syrup*) as the blood purifier made from the herbs. The blood pressure was cured with the herbal drug (*Majoon-e-Mehzal*), and with herbs ajwain (Trachyspermum ammi), Berge suddab *(Ruta graveolens Linn*) and Gao zaban (*Borago officinalis*).

The diabetic patients were recommended to use the herbal drug *(Vitamin B-1* and green tea) and the mixture of herbs (bilberry extract [*Vaccinium cyanococcus*], okra [*Abelmosschus esculents*] and ginger [*Allium sativum*]). *Kachnar* (orchid tree) extracts were also advised by the Herbalist for prevention of diabetic disorders in the patient. They all had positive impact on the health of the patient with no side effects.

Rahmtullah *et al.,* (2012:380-385) mentioned the important medicinal properties and benefits of the 12 medicinal plants present in the Garo tribe living in Bangladesh which were used to treat the disease diabetes. The low level of insulin hormone production in the body of a person leads to increase level of glucose thus causing diabetes. This also led to the production of some neurological, cardiovascular and renal disorders too. Thus, this ailment faced by the tribal residents was cured by the most valuable and available medicinal plants. The extracts of orchid tree (*Bauhinia variegate*) known as the anti-diabetic agents used to treat diabetes. In addition to it the anti-oxidant extracts of certain herbs and essential olive oils were also utilized for the desired outcome. These analyses predicted that they were in similarity with the above-mentioned results.

Thus, all the examination of the in-depth interviews concluded that the herbs and herbal drugs had some great medicinal properties recognized by the traditional healers with an objective to cure the various chronic and acute diseases of the patient although it had some side effects but its ratio is less as compare to the bio medicines.

In the chapter herbalists' discourse on the prevalence, cultural construction as well as endorsement of the herbs-usage in the Bhara Kahu Town were documented. Historical development of herbs in the area, professional development as well as marketing tactics of the health professional were also discussed in the chapter. Conceptual development of body according to the herbalists and the use of herbs for different common diseases were documented. The present chapter mainly deals with the overall, identification mechanism of diseases, role of health services, perception and satisfactions of patients were documented. Health practitioners were categorized according to their services and skills in identification and provision of medicine till the satisfaction of patients. Chapter also deals with the patient-herbalist relationship, in which the conceptual development of disease, illness and health by the herbalist and how they co-relate the environmental conditions with the healthy well-beings were discussed with the help of case studies and interviews from the herbalists. How herbalists mold the behavior of patients towards ethno-medicine their tactics and the exploitation of disease for marketing purpose were also discussed in the chapter. The upcoming chapter will come up with the utility of herbal medicine and homemade remedies in all research areas.

Chapter No. 8

NATIVE USAGE OF THE HERBS

Over the last decade the country like Pakistan has witnessed a remarkable resurgence in interest in herbs and herbal medicines overall a wonderful and positive trend as herbs have proved to alleviate and address health conditions in a gentler way and with fewer side effects than modern pharmaceuticals. However, this new popularity has not always been accompanied by a deep holistic rethinking of how we perceive health and wellness in the first place. Certainly, herbs can heal even when diluted with organic restructuring of pharmaceutical drugs, but its real power and magic of herbal medicine is to change our minds in general and cognition in particular. When we use a plant for medicine, we are returning to a relationship that has existed not for centuries or even millennia, but for literally millions of years since the emergence of first living specie on the mother earth.

Medicinal herbs have been in use for almost thousands of years, with each culture developing its own system based on the herbs of its bio-region. In this in-depth exploration, I intend to delve into the art and science of herbalism for nourishment and healing, recovering the wisdom and empowerment that has been lost over the generations.

The chapter sheds a stream of knowledge on the respondents' construction of healing which is based upon the concept of 'Natural Herbalism'. The doctrine encompasses natural rigor of the body to respond to those body-supporting paraphernalia, which alleviate, boost, nourish or recover ill health, disease, injury and distress.

The data collected from the respondents revealed that the person and the herbs as having both a natural coexistence. This infers that they look upon Nature in a similar manner. In doing so, they slightly depart from the conventional scientific approach, which views nature, humanity, sickness, and plant life as mechanical entities. Here, the meager attempt has been made to rejuvenate the nature with the cultural

construction of the health and how the people of Bhara Kahu town seek recourse from ethno medicine and herbalism.

Since the emergence of few households in Bara Kahu town, even before 1960s, natives used herbs to, not only heal the body, but, also to use it as a part of their dietary plan and oral traditions indicate that they learned about the healing powers of herbs and other plants by finding recourse from their natural habitat. Herbal Healing, as a part of ethno medicine, occupies a special place in the management of diseases and for the maintenance of health among the people of the town. Unfortunately, today, indigenous knowledge related to indigenous herbalism is getting steadily eroded.

To slow down the loss it is necessary to document and conserve as much of the knowledge as possible. The chapter documents the complete range of usage of prominent herbs being used in totality or its part, in response to ailment, injury, disease or distress in particular and for the general improvement of certain bodily function in general by the respondents of the Bara Kahu town. Therein, there are three kinds of herbal forms used by the people;

a. Plant materials in raw form,
b. Plant materials in processed form and
c. Medicinal herbal products.

Herbal healing in the Bhara Kahu town, as in most areas of Pakistan, is culturally approved health care system. It is evident from the field data that most households (46 percent) sampled have at least an individual or collective knowledge in herbal medicine. Though some herbalists are systematically trained, knowledge of the use of herbs is mostly inherited or informally carried from generation to generation orally. Recourse from herbs is sought in line with the socio-cultural background of the people; thus, making it an intimate part of their culture as stated in the medical ecological model. However, keeping in view the diverse terrain of cultures, ethnic grouping, and other socioeconomic characteristics of the people settled in the town, it is indeed extremely difficult to generalize about herbal medicine (Helpfulherbalists, 2009).

In Bhara Kahu, both Western and traditional herbal practitioners work to meet the health needs of the people and they coexist on the parallel lines. Although Western medicine appears to dominate the health practices in the town, the indigenous herbal practice remains a viable option to the majority of Bhara Kahuians.

Kot Hathiyal had a significant population and was relatively prone to the usage of herbs for the maintenance of their health as compared to the rest of the settlements. On the general understanding of herbs, **o**ne of the merchants running business of herbs in the main bazaar in *Kot Hathiyal* stated:

> د هګی درملن طبی عږیاتنتو هغه دي چې دناروغۍ درملنه اودرملنه کوي
> او د درملنې پروسې سره مرسته کوي. طبی عي کارونې په برخه کې، د
> طبی عږیاتاتو څخه یوه برخه مکن د نباتاتو "په شمول، پاڼو، ریښو، ګلونو،
> تخمونو، تخمونو بوټو، ریزن، ریښو، دپوټکي پوستکي، داخلي زاړه او
> کمبیمي اونباتونو برخې په اړه ونیول شي.
>
> *Herbal Remedies are natural plant substances used to treat and prevent illness and aid the healing process. In medicinal use, any of the parts of natural plants might be considered "herbs", including the leaves, roots, flowers, seeds, seed pots, resin, berries, root bark, inner bark and cambium or other parts of the plant.*

When asked about the cultural rationale of the usage of herbalism, it came out clear that almost all of the respondents interviewed had some reason to believe in the efficacy of herbal healing in Bhara Kahu. Most reasons were given in contrast to conventional biomedical health care system. These reasons include less side effects comparing to conventional medicine; a holistic approach to health care; proven efficacy over conventional system; readily available; relatively cheaper; works faster on eliminating illness; comes with less complications; pure because they are less or free from chemicals contamination; it usually has permanent solutions to ailments and prevent surgery; its usage is part of the history and ways of life, beliefs, and practices.

The respondents argued that the decision by a person to use a particular herb is based on the type and progression of illness as well as the patient's perception of the illness. One elderly Pakhtoon respondent who migrated from FATA stated that:

> داسې شرايط ستونلري چې ډېر چې په ودیز درملکې باور خورپلی اوړی دی چې دالومړی
> انتخاب دی اوی وازې کله چې کارن هکوي ن وپدې وختکې ناروغ وغتونته ځي کله چې دوی
> وغتونتقالي او ناروغانې په حالتکې بنه ولږي نه لري نو ناروغانبه ودیز درلمنې ته
> بې رته رګرځي

There exist circumstances where a belief in traditional medicine is so strong that it is the first option and only. When it does not work, at that moment the patient visits hospital. Patient again turns to traditional healing once they have gone to hospital and failed to attain any improvement in their condition.

There isn't "one" herbal medicine so there really isn't a single philosophy of herbal medicine. From the field data of the respondents, I came to the conclusion that there is, however, as many strategies for herbal medicine as there are climates that enable plants, minerals and animals to flourish and subsequent diverse human cultures who live in this town, to develop an understanding of how these resources might serve as medicines. Therefore, in herbal prescribing, the weather, climate and environmental conditions was necessarily taken into account. For example, if the weather or season is cold, an herb or a formula to warm the body and disperse chills must be more heating in nature than if the chills are caught in relatively warm weather.

Since decades, elderly wise men and women of all over the town have helped individuals, villages and communities through their wise ways; using herbs, intuition, and ancient knowledge passed down from one wise man to another. Few aged respondents stated:

مناسب خوراک، صفائی، ورزش، جسم و روح میں مثبت ذہنی سوچ کے ساتھ، ایک مکمل طور پر، ذہن، جسم اور روح میں محسوس کیا جا سکتا ہے

Through proper nourishment, cleansing, exercise, body awareness, and a positive mind set, one can feel fully integrated, in mind, body and spirit.

Herbs are a part of our total ecology, and being such, lend themselves to humanity to assist in integrating and healing our physical bodies. The use of herbs can be a tool of growing consciousness, to recognize holism. One herbalist vehemently stated:

یہ مریض پر منحصر ہے کہ وہ اپنا علاج کرے، ہم صرف یہاں ہیں آپ کی رہنمائی کرنے اور آپ کو ایک صحت مند طرز زندگی کے ناقابل یقین سفر میں مدد کرنے کے لئے۔ جیسا کہ ہم اپنا علاج کرتے ہیں، اسی طرح ہم زمین کا علاج کرتے ہیں

It is up to the native patient to heal oneself, we as healers are only here to guide and assist you through the incredible journey towards a healthier lifestyle. As we heal ourselves, so we heal the Earth.

Any system of herbal medicine, to be viable, must have both a theoretical and a practical aspect. Theory is necessary to guide the observations and hypotheses of the healer in formulating a diagnosis and treatment strategy. Practical experience, either

one's own or transmitted from one's teachers, is necessary to select the right herbs and medicines, which actually work.

The herbs-usage takes its philosophical impetus from the Greek healing system that treats the person, not the disease. In herbal prescribing, it is also necessary to adjust the formula to the constitutional nature of the person being treated. For example, those with a stronger constitution will be better able to withstand the rigors of radical purgatives, whereas those of a more delicate constitution will require a more moderate and gradual cleansing.

> *Respondents claimed that with the support of several different innovative and efficient herbal preparations, designed to deliver maximum healing power, they were able to maintain their health and rigor. Herbal teas, pills or powders are mixed and matched with various standard preparations, like syrups or tinctures, which are kept on hand.*
>
> زیادہ سے زیادہ شفایابی کی طاقت فراہم کرنے کے لئے تیار کی گئی مختلف جدید اور مؤثر جڑی بوٹیوں کی تیاریوں کی حمایت کے ساتھ، وہ اپنی صحت اور طاقت کو برقرار رکھنے میں کامیاب تھے۔ ہربل کے مال، گولیاں یا پاؤڈر مخلوط ہوتے ہیں اور مختلف معیاری تیاریوں کے ساتھ ملتے ہیں جیسے سیرپ یا ٹنکچرز جو ساتھ رکھے جاتے ہے.

Herbal medicines are used to treat illnesses and diseases throughout the entire body, including but not limited to the cardiovascular system, digestive system, ears, skin, eyes, nose, throat, eliminatory system, endocrine system, female reproduction system, male reproduction system, immune system, lymphatic system, musculo-skeletal system, nervous system, respiratory system, and urinary system Winston (2003:10-29). Winston asserts that a holistic approach to herbal medicine is the most effective way of addressing the underlying cause of imbalance in the body rather than focusing a specific disease.

Herbs are classified as dietary substances not prescription drugs. Unlike prescription drugs, dietary supplements do not have to claim to diagnose, cure, treat, or prevent illness. Because medical herbs are classified as dietary supplements, they can be produced and sold in the market without testing or proven safety and efficacy Bent (2008:854-859).

Below mentioned are seven principles that characterize 'herbal healing', deciphered from the interviews of the respondents (both herbalists and clients):

a. Extracts that is derived from leaves and wood backs,

b. Medicine that is made from roots of some trees, leaves and tress,

c. Indigenous recipe that is obtained usually from the combination of herbs which is often in the form of liquids, syrups or powder mainly obtained from tree backs, roots and leaves; used for both cure and prevention of disease, ailment, distress.

d. Any health natural product prepared without chemicals,

e. It is the use of herbs in making medicine to cure all sorts of diseases,

f. it is the combination of raw leaves which is made by people who have no professional western medical training but have little knowledge about it, and

g. indigenous medicines made from natural plants mostly prepared by Herbalists (Pansari).

From these responses, it is obvious that many respondents have in one way or another used herbal medicine as a curative or preventive remedy and is perhaps the most popular form of disease remedy.

8.1 Cultural Construction and Usage of Herbs

Due to the diverse geographical and habitat conditions, northern Pakistan in general and pothohar region in particular harbors a wealth of medicinal plants. The plants and their ethno medicinal use are part of the natural and cultural heritage of the region. Cultural interpretative theory of Kleinman *et al.* (1978) deals with the determinants of disease and suffering, culture and interpretations of symptoms and illness in social construction. These concepts can be defined as patterns of ideas concerning the causes, manifestations, definitions and value implications of events considered, in a given cultural context, to belong to the realm of disease into the social system.

The people of Bhara Kahu town and most Potohari people daily lived with plants that are meant to heal their frailties. Although herbal plants are located in almost every inch of a distance in tropical upper plateau of Potohar region, but their availability is ensured in all villages, towns and cities of Pakistan. The main aim of this chapter is to understand the local usage of the herb (alone or as an indigenous formulae), its

healing characteristics as well as its efficacy amongst the different respondents. Below mentioned are those prominent herbs which are used by the respondent oftenly:

1. *Aak,*
2. *Bhang (Marijuana)*
3. *Bakuchi*
4. *Datura*
5. *Talmakhana*
6. *Kasni*
7. *Nirgundi (Sambhalo)*
8. *Gul-e-Khaira*

8.1.1 Aak

Ak[21]pronounced in Punjabi dialect and Aak in Urdu, is a relatively smaller tree that resembles as that of a shrub that grows naturally and wild on the open habitats such as cultivated fields, roadsides and grazing lands and other disturbed or degraded sites and has larger glossy green leaves as some can get 15 feet tall. It grows better in drier and warmer geographical areas with well-draining and moderately fertile soil. A white milky sap is exuded from any wound on the plant.

Folk wisdom tells that *Aak* was used in isolation or with combination to other medicinal plants to treat common disease such as indigestion, cough, fevers, cold, asthma, diarrhea, vomiting, and nausea. It is also employed internally as a remedy in dysentery as well as *Dama (respiratory arrest).* One usually acknowledged folk healing about this herb is:

> *[Aak ka dood teen qatre aik hatheli per malain, doosre din dosri hatheli per malain, is amal se yarqaan kahatam ho jae ga]*
>
> [rub three drops of milk of Aak on one palm, repeat the same act next day on another palm. Hepatitis would be cured through this act]

[21]Known as milkweeds because of the latex they produce. They are usually found in abandoned farmland. Its flowers are fragrant.

8.1.1.1 Leaves Usage

Leaves are used after boiling to help wounds heal faster and quickly. It treats liver disorders, cures indigestion, and kills intestinal worms. It is frequently used by natives to cure constipation and skin rashes. Leaves help in providing relief to stomach pains, headaches. Moreover, a home-processed tincture made from leaves is said to cure fever. It is highly effective intreating obesity and diabetes.

One key informant who was also a respondent from *Kot Hathiyal* shared recipe for the cure of diabetes:

> [Take 2 full leaves of Aak plant. From the opposite side which is little rough, place it on your feel sole and wear socks. Do the same with both the feet. Make sure that the leaves are touching your soles completely. Allow the leaves to stay there for whole day, before going to sleep remove it and wash your legs. Repeat the process with new leaves for a week. After the week, go for the blood and sugar checkup.]

8.1.1.2 Root-bark Usage

The bark is excellent to cure skin diseases as it cures skin blemishes, athlete's foot, ring worm, boils and neutralizes blood impurities. The dried root can cure asthma while the skin from the root is used in decoctions for various skin problems.

8.1.1.3 Flowers Usage

Multi-flowered shrub can help cure weeping cough, cold and copse. The flowers are used as a drink with milk to cure colds, coughs and asthma. They are also used to cure piles.

The wonder herb is moreover used in treating joint pains, mumps, piles, eye and ear infections, tooth cavities and as it was found to stimulate the blood flow, and specific parts of this wonder herb is even used in treating erectile dysfunction in men and female infertility.

Another well-spoken recipe to cure fever among the Abbasi families is:

> *[Agar garmi ka bokhar ho jae to, Aak ka dood nakhunon per baar lagaen. Ye amal do se teen roz karain. Yakeenan Bukhar utar jae ga]*

> [If you suffer from fever, extract the milk from Aak plant and massage nails with the milk. Repeat this act many times for two to three days. Surely, fever will subside.]

However, few respondents who were using *Aak* cautioned me of its side effects too:

1. The dosage of different parts of this herb should be carefully modulated as over dosage can induce severe vomiting and diarrhea in patients.
2. It should not be used during pregnancy and lactation period.
3. It should not be given to children.

One herbalist stated vehemently:

> [It is highly poisonous and hence should be used with great care!
> Therefore, my best advice to you is to stay away from the plant if you don’t know what you are using it for? As it is highly dangerous and can kill you!]

> این بسیار سمی است و از این رو باید با توجه بسیار مورد استفاده قرار گیرد بنابراین بهترین
> توصیه من به شما این است که از این گیاه دوری کنید اگر نمی‌دانید که از آن استفاده می‌کنید؟
> همانطور که بسیار خطرناک است و می‌تواند شما را بکشد

8.1.2 Bhang (Marijuana)

Bhang is abundantly found in sub-Himalayan tracts, but even in Islamabad in waste places. The plant grows 3-7 ft tall with soft hairs on it. It bears small, greenish fruits which have a tiny flat seed inside it. The plant bears fruits and flowers in autumn season. The leaves of male plants are dried to prepare intoxicating drink *‘bhang’* and the resinous flowers of female plants are dried to prepare *‘ganja’*. The resin which is deposited on the leaves and branches of the plant is known as *‘charas’*. *Bhang* is prepared with the grinding of its leaves and buds using mortar and a pestle into a fine paste, and then mixed with spices and milk. Often, this paste is used in preparation of *‘Bhang Thandai’* or *‘Bhang Lassi’* and is drunk during hot summer seasons.

Marijuana leaves’ paste is applied externally to relieve pain and to increase warmth. It is also useful in worm infested wounds and is applied over pile mass to shrink it and to relieve itching and pain.

8.1.2.1 Indigenous Remedies with *Bhang*

Socio-economic census survey of households revealed to me that few households use indigenous recipes of herbs which are based on their traditional lore and wisdom handed down from their fore fathers. Therefore, while interviewing the respondents, I focused on exploring the indigenous processing of the herbs for the betterment of the dwellers of the town. In this regard, I have witnessed few indigenous remedies of *Bhang* in the town:

1. For Indigestion

One herbalist from *kot Hathiyal* recommended:

> [Take 500 mg powder of Black pepper and Bhang together and give this to the patient with honey every morning and evening.]

It works like an appetizer and promotes appetite.

> [ہتور مرچ لوھنگ سرہ 011 لمیگرا مپودرواخلئ او ھرسہار او مہلاچیپشواتو سرہ
> ناروغتہ ورکہو.]

> داشدنتووںکےیپہ ضمی کارکوياتوتےاویتہ ودہ ورکوي

2. Reduces swelling testicles

> [Soak bhang leaves in water for half an hour, then rinse the testicles with this water.]

One respondent stated:

> [I even tied it on my testicles and it cured the swelling.]

> [پہن جوپاٹیپاٹي جي اذ کلاکنپہنذکریٹوپوء ھنپڑیءسانگشتکنکي ھلایو.]
> [مون انکیپہنھنجيامتحانتيبھندکيو ءِ اھوسوئرکي علاجکيو.]

3. Reduces abdominal pain

It cures pain in stomach and abdominal area. One herbalist stated:

> [Take equal quantities of Bhang and black pepper.
> Prepare tablets of the mixture and give 1/2 gm of this tablet.]

> پیٹ اورپیٹ میں درد کا علاج کرتا ہے.
> [بھانگ اورکالی مرچ کے برابر مقدار لے لو.
> مرکب کی گولیاں تیار کریں اور اس گولی کی 0/0 گرام دیں

4. Treatment for Asthma

[Give 125 mg roasted Bhang with 2 gm black pepper and 2 gm sugar candy.]

It is very beneficial in curing Asthma as inhaling the smoke of bhang is highly prevalent here.

[000 گرام گرام وکین گبه د دو گرام تور مرچ او د 0 گرام بوکی نه سره وخوری.]

دا د سالم پرمل نکي خولی کبتور دی څکه چي بنګ د سګریټو کینی نځل په خورالو کچه شتون لري

5. Reduces Headache

[Grind its leaves and inhale the powder.
Or, heat the juice of its leaves and then put 2-3 drops in the ears.]

It cures headache due to excessive cold or heat.

[اسکے پتیوں کو پیس نا اورپاؤڈر کو یا، اسکے پتیوں کے جوس کو گرم کریں اورپھر کانوں میں 0-0 قطرے ڈالیں.]

زیادہ سردی گرمی کی وجہ سے ہیں سر درد کا علاج کرتا ہے.

6. Treats Malaria

[Take 1 gm powder of bhang and 2 gm Gurr. Mix them and form 4 tablets. Give 1 tablet every morning and evening at the interval of 2 hours, repeat this after consecutive next two hours.]

It cures the fever due to cold.

[گوئی گ 1 گرام بھنگ پہ دوہ 2 گرام ګوړ ګډ کړه او څلور 4 ګولۍ جوړې کړه 1 ګولۍ سهار او ماښام د 2 ساعتونو وقفه سره ورکړه]

7. Relieves Ulcers and Wounds

[Make the powder of bhang leaves and sprinkle on ulcers and wounds.]

It gives fast relief.

[ا گی و عترن در لی ع ف] ٹ ئن گ پہ و د ع رف ب ہ ا گ ل ع س ا و ر ج ٹ و ی گ س ر ا ل ث ع ر س ا و ر و ہ ن س ا و]

8. Curbs Piles

[Apply a 10 gm of green or dried bhang and 30 gm linseed on painful piles.]

It gives relief in pain and also controls the itching.

[د 01 گرام ټي 01 گرام بنګ او زیتون د دردناکو بواسیرو باندې ولګوئ.]

اهو درد م امداد ئيڻو ء خارش ېکسن لپ ېان دو آهي

9. Treats Urinary disorders

> [Grind 'ganja' in castor oil and apply on the urinary bladder.]

It strengthens the organ and also curbs any disorder in it.

[د ګلان'جنازه' نګسټور غوړکي او نتمل ګڅونکيپه کاولو سره.]
داعضوغښتلی کوي اوپه دیکیکوم اختر دی

10. Skin problem

> [Grind Bhang leaves into fine paste and then apply the paste onto wound or chapped skin.]

Bhang provides instant coolness to the skin, hence is believed to be a perfect option when treating sunburn.

دونو ګلان پیلي په بنفتګه وخوځوي لوی ای ېمتپه زخمي ا چپیوس تکتیطب یقکړی.]

8.1.2.2 Side effects

The herb is unsafe during pregnancy, lactation and amongst children. Herbalists cautioned me that:

> [It should not be used by people with high blood pressure, liver disorders and who are susceptible for heart attack.]

ی لوګو رکو ہائی بلڈ پریشر ک ےیاتاھستعمال نہ ی ک ی اجانا چاہئے، جگر کی بیماریوں اور جو دل
کے حملے کے لئے حساس ہیں

Long term use of high doses of *Bhang* (Marijuana) causes decreased respiratory immunity, anxiety and depression and it results in lowered testosterone level, sperm quality and count.

8.1.3 Bakuchi

Bakuchi is an erect, 0.3-1.8 m high annual herb and within Pakistan, it is seen along road sides and waste places of the tropical Potohar plateau.

Herb is highly efficacious in herbal healing and is preferably used to improve general strength. It is of value in the treatment of skin disorders (acne etc.,), treatment of tooth pain and provides cure for severe swelling in the arms, legs, or genitals, fever, anemia, conception and to cure deafness. Its fruits are used to cure anemia, piles and various bleeding disorders. They are generally used for treating male erectile disorders for example, incontinence, premature ejaculation, bed wetting, frequent urination, impotence and lower backaches.

In general, I put forth six benefits of the herb that I extracted from the interviews of the respondents:

1. This plant is natural blood purifier. It is used to boost immune system and process of detoxification of blood.
2. It is used to relieve indigestion and also used to cure worm infestation.
3. It improves hair growth and useful in wound and ulcer healing.
4. It is anti-ageing and helps to rejuvenate skin.
5. It is used to improve quality and luster of hair.

8.1.3.1 Seeds Usage

The seeds of this precious herb possess magical health restoration principles as its seeds are used to cure poisoning by scorpion and snake bites in the town. Various skin disorders as well as in tooth and bone decalcification (less calcium in bones), are cured by its seeds.

Oil extracted from its seeds is strongly used externally in treatment of severe swelling in the arms, legs, or genitals. Bakuchi oil is also known as babchi oil. It is applied externally to treat vitiligo patches. It is also applied to hair to help treat and reduce grey hairs.

Seeds are prescribed with the other drugs' combination for cure of snake bite and scorpion sting. Seeds are grinding with water and the liquid is poured into each nostril in stuper and coma.

Table 1.4 Native Construction of Bakuchi Herb

Respondent No.	Seeds Usage	Fruit Usage
1	Useful in Fever	Fruits bitter in taste and used to stop vomiting
2	Relieves constipation	Useful in skin diseases
3	Improves taste and hunger	Balances *hot* and *cold* principle inside the body
4	Promotes natural movement of body fluids	Improves hair quality and luster
5	Useful in bleeding disorders	Good for skin
6	Useful in Asthma and Chronic respiratory disorders	Relieves worm infestation
7	Useful in skin diseases	Useful in Asthma, and Chronic respiratory disorders.
8	Useful in urinary tract disorders and diabetes	Useful in cough and cold
9	Useful in worm infestation	Relieves the state of indigestion at stomach and tissue level
10		Anti-aging
11		Improves intelligence

Source: Interview Schedule and Case Study

8.1.3.2 Benefits for Skin

Bakuchi is useful in dermatological diseases as it purifies the skin cells and rejuvenates it. It is used in oil as well as tincture form and both internally and externally. Bakuchi can be used to stop bleeding and healing of wounds and also beneficial for hair growth.

8.1.3.3 Indigenous Remedies of Bakuchi

During interviewing the respondents, I focused on exploring the indigenous remedies of the *Bakuchi* herb prevalent in the town.

1. *Asthma, respiratory problem*
   Mix Bakuchi seeds powder (250 mg), ginger juice and honey to get relief in respiratory problems and asthma.

2. *Jaundice*
   Mix Bakuchi seeds powder (250 mg) and tukhm-i-ispast (Itsit) root juice (10 ml) and drink.

3. *Skin problems*
   Mix bakuchi seed powder with coconut oil, kapur and apply externally on affected area.

ہزنوتسیفاناتلس
ہبکچیتخمونہ)001 ملیگرام(، دناگورو جوس اشاتو سریقنفیسنتونزو او ملسلمپبرخہ
کی مستوکری.

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لیترہ(اوخبنی.

0. یپوستیستونزي
ہبکلوچیتختخم سرہ درنوای ل غوړ سرکپور اوپہ اغزنکتوکمپہ اغیزمنپوستکي کارول

8.1.4 Datura

The plant grows naturally around the street corner, deserted places, graveyards etc. and its height is 2 to 4 foot. Leaves are 7 inches in length and 4 inch in width. Mostly there are two types of *datura*: one with white flower and second with blue flower. One Sindhi respondent who was an herbalist elaborated its function and named it as *char pooda toor***.** He stated that its temperament is cold and dry and cautioned me of its usage as:

> *[Ye poda chothe daerje ki taseer rakhta hai, intihai ehtyaat se istimaal kerna!]*
>
> *[This plant is categorized in fourth level, so use it with extreme care!]*

By fourth level, he elaborated that there exist levels of herbs; these levels refer to the construction of efficacy of the peculiar mode of herb. Having said so, he advised me not to use *datura* without proper recommendation from a healer (herbalist).

Some of the functions of this herb that I extracted from the interviews were:

1. This plant directly heals mind, as it directly boosts nervous system cells.
2. It is a pain killer especially ‘Big Muscles Pain’ (its extract is mixed with different oils to give massage; Waja-o-mafasil; kandhe, takhne, ghutne)
3. It is highly intoxicant

8.1.4.1 Fruit Usage

Its fruit is in shape of egg and this fruit is highly used for herbal medication too. *Datura* fruit is used to treat specific types of *(malaria)* malarial fever. Since the fruit is not considered edible, only specific parts of it are used for treatment. The fruit is burnt before consumption.

8.1.4.2 Leaves Usage

Generally, the leaves are used for respiratory diseases as **t**he leaves of a *Datura* plant can be used for relieving the various heart problems. They are used for treating palpitations, hypertension, distress, and various other disorders.

The juice extracted from the leaves of the *datura* plant is used to treat earaches. One respondent also stressed on the extraction of the oil of its leaves at home. He advised me on putting a few drops of the oil in one's ear can help suppress ear infections.

One local respondent from Dhok Syedan elaborated the usage of its leaves as such:

> *[Phore ya phansiyon ko phaarne ke lie, dhatura ke pate ko tail main dabo kar halka garam kar ke bandh dete hain us jaga per]*
>
> [In order to ooze out puss from the womb, leaves of *datura* are mixed with different oils and then it is tied on the surface of the womb]

Another herbalist from Simli Dam road suggested its usage for the new born mothers: "women who have a problem with secreting sufficient breast milk can use this herb for treatment. Accumulation of breast milk in the breasts may cause a lot of discomfort, and the warmed leaves of the plant can be used to improve milk production and release it without pain. One elderly respondent from *Nai Abadi* who was smoking *Hukka* at the time of the interview stated the efficacy of datura:

> *[tambaco ke saath is ko milla kar, chillum ke zariye bhi piya jaata hai!]*
>
> [it is first mixed with tobacco, then its fusion is inhaled through a *Hooka*]

Moreover, he stated:

> *Ragoon ke sukerne ki soorat main bhi is ka istimaal kya jata hai, kion ke ye ragoon ko khol deti hai.*

[it is used when bold vessels and veins get shrunk, because it opens up the veins]

One respondent elaborated the function of Datura as such:

[makhyaan, machar or khaas tor par dengue machar bhagane ke lie is ka beegh se dhooni dia jata hai]

[In order to avoid flies and mosquitoes in general and dengue spreading mosquitoes in particular, Datura seeds are burnt and their flame is used.]

8.1.4.3 Seeds Usage

The seeds are used in the treatment of stomach and intestinal pain due to worm infestation, toothache and fever from inflammations. *Datura* seeds are also used to make a preparation for the treatment of baldness. The oil extracted from the *datura* seeds can be applied on the bald patches to stimulate growth of hair. However, this juice is highly poisonous and should not be consumed in any way. An infusion is used as pain killer.

Traditionally, datura effects have been useful for the treatment of impotency. The seeds from ripe *datura* fruits are removed and dried. These are then added to cow's milk and boiled to obtain the extract of the datura seeds. These do improve the blood circulation of the genital organs, thus helping in the treatment of impotency to some extent.

Having all said so, one respondent who witnessed the side effects of *datura* herb cautioned me:

[Do mashe beejh khaane se hawaas bikhar jaate hain, ankhain surkh ho jati hain, sharabiyon ke tarhaan harkatain kerta hai insaan].

8.1.5 Talmakhana

The plant was extensively used in traditional system of medicine for various ailments like rheumatism, inflammation, jaundice, hepatic obstruction, pain, etc. The roots, leaves and seeds have been used in Indian systems of medicine as diuretics and also employed to cure dropsy, antisera and diseases of the urogenital tract and is useful in

impotence, spermatorrhoea and seminal debilities. The leaves are edible and are used as vegetable while its seeds are keen stimulant to male genital system and are beneficial for the treatment of sexual debility, premature ejaculation and erectile failure.

The whole plant is used for medicinal purpose.

The herbalist winked me of the power of *Talmakhana* as:

> *[kanta{talmalkhana} ko panch se sath masha shahed aur dhodh k sath safoof bna kr khane se ehtelam me wazeh kmi ati hai]*
>
> [the intake of 5 to 7 grams of powdered form of *talmalkhana* with honey and milk is effective for nocturnal ejaculation]

Another herbalist recommended me of the use of *talmakhana* against constipation:

> *[panch se chee talmakhana ke paton ko le, aik litr pani main itna ubalain keh wo adha litr reh jae, phir rozana din me do dafa pachas mili litre pani piye our ap ko qabaz me yakeni tor per behtri mile ge]*
>
> [boil 5 to 6 leaves of *talmakhana* in 1 liter of water until i half liter, then take 25 ml of this water daily twice a day it will surely reduce the constipation problem]

In general, I put forth benefits of the herb that I extracted from the interviews of the respondents (users, key informants as well as herbalists):

8.1.5.1 Seeds Usage

1. To prevent nocturnal emissions, the seeds of *Talmakhana* are given. The seeds bestow excellent results in urinary ailments like dysuria, urinary calculi and cystitis.
2. Seeds are gelatinous, febrifuge, rejuvenating and nervine tonic.
3. It is used in burning sensation, fever and headaches.

8.1.5.2 Leaves Usage

1. The leaves itself as well its powder help to promote bile secretions and stimulate liver, hence, benevolent in hepatitis and liver diseases.
2. Its powder is useful in breaking and expulsion of Kidney stones.
3. It is also used in diarrhea and dysentery.

4. *Talmakhana* powder nourishes the genital system so it is a recommended supplement for infertility
5. It works by alleviating jaundice and cleansing and purifying semen.
6. It is an excellent diuretic that helps in the elimination of calculi and gravel. These are bladder and kidney stones. It also relives cystitis and dysuria.

8.1.6 Kasni

Traditionally, the herb has been in use by respondents as a health tonic, especially to aid liver function. It is perceived by the respondents of *Kot Hathiyal* as anti-nauseating, anti-bilious, stomachic and good for liver and chronic fever. Its root in grinded form is of benefit incurring jaundice, liver enlargement, gout and rheumatism. It produces moderate temperament in liver and improves function of liver. It is effective against jaundice, hepatitis, and liver congestion, enlargement of liver and other liver disorders. Its leaves and flowers are preferably eaten naturally. The blanched leaves are often used in winters and are also a very palatable vegetable.

Two pertinent indigenous recipes revealed to me by the respondents were:

> *[Kasni k jar ko raat bhar pani main bhagho kr rakh kar nihar moo ak cup pene se jigr main agr pani ho jae to kmi a jati hai]*
>
> [Soaking the roots of *kasni* for whole night in water and then drink it before breakfast will decrease the water in the liver]

And the second was:

> *[kasni k khush jaron ka safoof nisf chai k chamach ke brabar shehad k sath rozana teen baar khane se saans ki bemari se nijat milti hai]*
>
> [Taking the half teaspoon of the powdered form of the dry roots of *kasni* along with honey three times a day will eradicate from the breathing problems]

Whole Kasni herb has liver protecting properties. It protects liver from damage. It is also an herbal diuretic which helps in removing the obstructions of liver as well as of gall bladder. As a home remedy:

> [a tea like preparation of the kasni leaves and flower is prepared. For this purpose, 1/4 cup of leaves and flowers are soaked in one cup boiling water and brewed for 5-10 minutes.]

This simple tea shows beneficial effects in pain in body-joint, gout, rheumatism, and constipation. This preparation can also be given to children to treat constipation in dose of half cup. Moreover, *Kasni* herb is a relaxant which helps in inducing sleep. It acts as an anti-inflammatory agent and helps in relieving pain. It works as appetizer, liver stimulant and increases digestive powers. Generally, it not just purifies the blood but also provides the strength to the heart for its better functioning.

In order to cure jaundice, two recipes were shared by the respondents (herbalists) as such:

> [In jaundice, the fine powder of equal parts of Kasni seeds, Mulethi (Liquorice) and Kala Namak (Black salt) are mixed and this powder of 3 grams is advised with water twice daily.]
>
> [Another remedy for jaundice, is to crush the fresh plant of Makoi and Kasni to extract the juice. This juice is heated and during the boiling stage, 1-gram Naushadar (Ammonium chloride) is added for removing the foams. It is filtered. After filtration about 60ml of this prepared juice is advised before the meal.]

8.1.6.1 Leaves Usage

1. Its leaves contain up to 40 percent insulin which impacts on blood and sugar level and thus are suitable for diabetes.
2. It is cooling in action and reduces heat and high temperature.
3. The leaf juice gives relief in fever and detoxifies blood.
4. The tea prepared from the leaves, stems, and roots are used in treatment of liver disorders such as jaundice.
5. Nervous system of the body gets strength with the regular intake of *Kasni* juice when mixed with other fruit juices, such as carrot, celery and parsley. In case of Poisoning, the extract of *Kasni* leaves with the mixture of olive oil proves very much beneficial.
6. The headache produced due to hot climate is quite relieved by the application of the paste on forehead prepared with its leaves, vinegar and sandal.

One herbalist running a shop in Murree road advised me:

> [You can easily get rid of sore throat and mouth ulcers by simply gargling with Kasni leaves decoction with salt. While

for relief from painful inflammation of the joints, apply a paste of boiled leaves and flowers of the Kasni plant.]

8.1.6.2 Roots Usage

1. The roots reduce inflammation; remove the obstruction in form of thick or sticky secretion or any other form.
2. It is gentle laxative and gives relief in constipation.

8.1.6.3 Seeds Usage

1. The seeds increase activity of kidney either by irritation or by increase filtration.
2. The decoction of roots is used in jaundice, enlargement of liver, Kidney disorders.
3. It improves appetite.
4. The tea prepared from the roots gives relief in bloating, abdominal fullness, flatulence, and slow digestion.
5. The roots boiled and mixed with sirka/ vinegar used as gargle helps in tooth sensitivity.
6. Its' roots also reduce the menstrual disturbances in females, hence regulates periods.
7. It shows good results in lowering down the burning sensations in the body.
8. It maintains the normal blood pressure and helps in all kinds of fever.
9. *Kasni* can be made as a perfect eye tonic due to the fact that its leaves are one of the richest sources of vitamin A.
10. Kasni is a natural laxative which makes it beneficial in both preventing and treating chronic constipation and other digestive disorders.
11. Half a teaspoon of Kasni root powder, mixed with honey, could be taken thrice a day for immediate relief from constipation.

8.1.7 Nirgundi (Sambhalo)

It is around 8-10 ft tall, multi-branch bushy plant covered with very fine hairs. The bark of stem is thin and the leaf stalk is long and 3-5 leaves grow at its tip. The edges of the leaves are plain or serrated. It bears small flowers, in 2-3-inch-long

inflorescence and are blue or white in color with purple tint. Its fruits are small, round and of mixed color; white and black. The bark of the root is green outside and yellow inside. It is used both for external application in the form of paste / oil, and also for oral administration in the form of powder, leaf juice extract or water decoction.

8.1.7.1 Leave Usage

Boiledwaterfromitsleavesisusedtocurechronicpain.Leavesandbranchesareinsectrepellent. In order to get relief from muscle pain, two indigenous recipes were shared by the respondents (elderly men in the house holds) as such:

> *[Nirgunda ke cheh khusk paton ko do alaichi k sath safoof bna kr din main do baar pani k sath lene se joron ke dard main wazeh kmi ae ge ourr ye amal hafte me teen din krna our aik mahene atk jari rakha]*
>
> [Take powder form of the six dry leaves and two cardamom with water thrice a week will reduce the joints pain]

8.1.7.1 Fruits Usage

Employing an aqueous extract from the fruit is used for pre-menstrual water retention. The decoction of fruit is also taken as tea.

1. Treats mental disorders

ii. Give 2-4 gm powder of its fruits, 2-3 times a day.

iii. It cures disorders of nasal passages and mind.

ت ی م ع س ی ک ر و چ ی ي ا ے ث ء ر ع س د ی س ر د ع ر ہ ف ل ی ش ف ی ء ی ت س ، 24 ی ی ئ گ 3 گ ے پ ہ و د ع ر ہ ف ل ی ش ف ی ء ی ت س ، 24 ی ی ئ گ
ہ ف ـ ن ں ا ل ا پ ـ ل س گ ـ ع س ر ح ا ط ر ا و

2. Regains good health

i. Give 10-20 gm of ghee medicated by the juice of its root, fruits and leaves regularly.

ii. It helps to regain good health and also increases appetite.

ن د ہ گ ـ ع گ ـ م ہ ف ـ ر گ ـ ن
1
م ع ش ـ ع ـ ب ـ ش ر ی ر گ ـ ف ـ ش ر ی ر ت گ ـ ف ـ ر ـ ت س ر ـ ع ا و ع ر ع گ ـ و ا ی ا ـ ا ـ ہ ع ل پ ـ ت ا ن ر گ ـ ج ا ن د ا ر ـ م ـ ن
ث ـ ر ع ا ں گ ـ ز ن ا و

3. ***For long life/ enhanced immunity***

i. Cook 1 liter of *Nirgundi* juice in low heat, till it becomes thick like jaggery syrup.

ii. Store it in air tight container and give this regularly 2 teaspoons, for 3 months.

iii. Within 3 months of usage, the patient regains youthfulness and long life.

iv. It also eradicates asthma, tuberculosis and other respiratory diseases.

1 گئ چپن م
لتےعرفمیوں رگ نوشی رگ ماجال ءچی رگ رمی نتیل لا ےغ ہمعب ز دوست دارت چگگ عر سے ہیوسی تہر عما
3 مہرنستی ووی تہی ن 3 تسواپہ ناوپہ 2تن گاوٹ یہتن تا ین ورد یگئ اش رعگ ءلال ے
مہنت سہف سوگپ اتین ت ےہ تہفلعن سر درا جگ عای نرن نوای وا ے لدعی ثات عاس ت ماہم، تقب عرث ءلہ
او رعن علس عدس رے تہ ئیوپ سع رگسد

8.1.7.2 Oil Usage

1. *For Ear problems*

a) In case of pus in ear, put 1-2 drops of nirgundi medicated oil, mixed with honey in ears.

b) It treats very soon and effectively.

الف(کانمیں پاس کی صورت میں، نرگنڈی دواؤں کے تیل کی 0-0 قطرے ڈالیں، جو کانوں
میں شہد کے ساتھ ملا.
ب(یہ بہت جلد اور مؤثر طریقے سے علاج کرتا ہے

2. *Treatment for Fever*

a) In case of fever due to severe cold and pneumonia, massage its oil.

b) You can make the oil more effective by mixing ajowan and 1-2 garlic buds in it.

c) Warm the oil slightly and use.

الف(شدید سرد اور نمونیہ کی وجہ سے بخار کی حالت میں، اسکے تیل مساج.
ب(آپ اجوائن کو ملا کر اور 0-0 لہسن کی کلیوں کی طرف سے تیل زیادہ مؤثر بنا
سکتے ہیں.
ج(گرم تیل تھوڑا سا اور استعمال کرتے ہیں

3. *Helpful in General weakness*

a) Massage of its oil is very beneficial in general weakness and problem of legs.

a)د ه غوړيتيل وسه ایلهیښو د عمومي کمزوتیاو سنونزيپهبرخهکې خورګټور دي

4. *Treats Wounds*

a) Apply the medicated oil of its root and leaves.

b) It cures ulcers, scabies, itching and all kinds of wounds.

الف) د هغې د ریښو او پاڼو د درمل شوي غوړ غوښتنه وکړئ.
ب) دا سږو، مچیو، خارج او هر ډول زخمونه کوي

5. *For Flaky dry skin*

a) During winters, our skin gets flaky and dry. In this one can use the oil.

b) On a daily basis, apply this oil on the overall body and face.

c) It makes your skin soft and youthful.

ه‍ک(چمڙي جي دوران، ىلسان جو چمڪندڙ ۽ سڪل ٿلهو ٿيندو آهي. هن ۾ ه ڪتيل استعمال
ڪري سگهو ٿا.
ب(روزانو بنيادتي، مجموعي جسم ۽ منهن تي هي تيل لڳو ڪريو.
ج(ت وهان جي چمڙي ڪي نرم ۽ نوجوان بڻائيٿو

One recipe shared by one respondent was:

[Nirgunda ke teel ki garden per malish se gale ka dard thek ho jata hai]

[The oil massage of nirgunda on the neck gives relief to the throat ache]

8.1.7.3 Roots Usage

1. *Helpful in Throat ache*

a) Use the decoction of *Nirgundi* for gargles.

b) It cures the entire throat and mouth related disorders.

c) In case of sourness and swelling of throat, mix its oil in slightly warm water and add some salt to it.

d) Use this water for gargle.

e) It cures the throat problems.

2. *Treats Liver disorders*

a) In liver enlargement, give 2 gm powder of roots of *Nirgundi* with 1 gm black *myrobalan* and 10 mg cow's urine.

b) Or, give 2 gm *Nirgundi* powder with 500 mg *black kutki* and 500 mg *rasot*, twice a day.

a(دربزرگشدکبدپودر 0گرمپودرریشه هاینرگندی رابا 0میکروبلالیاه و سفید و 01
میلی گرم ادرارگاوبگذارید.
ب(یابه 0گرمپودرنرگندیبا 011میلی گرمکوتکیسیاه و 011میلی گرم رلسوت 0بار در
وز ببپردازید

3. *Aids in Tetanus*

a) Give 3-5 gm of its juice with honey, thrice a day.

b) It cures tetanus effectively.

ڪڙوين مان ان جي رس جو 0-5 گرام ڏيو.
ب) ٽيٽنس کي مؤثر طريقي سان علاج ڪندو آهي

8.1.7.4 Indigenous Remedies of *Nirgundi (Sambhalo)*

From the interviews of the respondents, few indigenous recipes were explored and shared with me as such:

1. *Cures Headache*

a) Grind its leaves and prepare cake of the paste and tie it on ear lobes.

b) It cures headache.

الف) پتوں کو پیس کر پیسٹ کی ٹکیہ بنا کر اسے کان کے لوؤں پر باندھیں.
ب) دا سر درد درد وي

2. *Enhance digestion power*

a) Mix 10 ml juice of its leaves with 2 black peppers and Ajwain, twice a day.

b) It enhances the digestion power and relieves stomach pain.

c) It is also good for swelling in stomach caused by indigestion or accumulation of wind and stomach pain.

ل ف) د ل س م ل ی ل ي ګ را مه جوس د پاڼو سره دوه تور مرچ اواجندا، هره ورځ دوه ځله.
ب) دا د هضم ځواک زیاتوي او د خیټې درد راکموي.
ج) دا د خیټې پړسوب لپاره هم ښه دی چې د هضمیدو او د باد راټولیدو له امله رامنځته کیږي او د خیټې د درد لپاره هم ښه
دی

3. *For Eased delivery*

a) Grind its leaves and apply the paste on stomach, abdomen and vaginal area.

b) It results in easy delivery.

الف) برگ های خود را خرد کنید و خمیر را روی شکم، شکم و منطقه واژن قرار دهید.
ب) این امر باعث تحویل آسان می شود

4. *Useful in Goiter*

a) Grind its leaves to form juice.

b) Give 10-20 gm of this juice every morning and evening.

c) Also give warmth with its leaves.

d) It is beneficial in curing goiter.

گ م ل ش ی ش ر ی ر ع گ ہ ر ک س م ہ ر ن ا 1020 ی ک) اُور ت ک ی ئ گ ل ش ی ل ع س ت ا ن ش ر ک ل ش ی ر گ ا و ب) ی ئ گ
ر ج ت ا ا و ث) م ہ ی ئ گ ب ا ز گ ر م گ و س ل ش ی ل ع س ا و د) ب ع ف ع ی ا ل ا ے م ا ں ث ء ر گ ت ر ع

5. *Relieves Tumor*

a) Heat its leaves and tie on the tumor.

b) It dissolves the tumor.

یگگرمی ای شی لععسورا تیع سرا تءمہءراو ب ا ےدیسسلوعس تءمہءر

8.1.8 Gul-e-Khaira

Gul-e-Khaira is short-lived plant growing to 3.5 m tall, with broad, rounded, leaves and numerous flowers on the stem. Leaves and flowers are applied to burns. It is also used in cough. Infusion of the root is use in diarrhea. The crushed leaves are used in the itchiness of insect bites and relieved the discomfort of scalds and burns. A respondent commented on the use of *gul-e-khaira* as:

> *[Gule khaira k paton k laip ko jale hue zakham p do hafta subha sham lgane se zakham boht had tk qudrati halt m a jata hai]*
>
> [The use of leave balm made from gul e khaira is effective in restoring the burns into their original shape]

Another respondent (key informant) stated:

> *[Bacho k danton ki bila nagha gul e khaira k jiron se safai krne se un me chamak rhti hai r masore me zakham nhe bnte]*
>
> [the roots of gul e khaira have an unusual shiner for the children teeths and its regular use can be helpful in keeping the gums away from injuries]

In general, I put forth eleven pertinent benefits of the herb that I extracted from the interviews of the respondents (users, key informants as well as herbalists):

1. A refreshing tea is made from the flower the leaves are also chopped up finely and used in salads.
2. It is highly useful in dry cough and asthma.
3. Roots are used to cure excess stomach acid, peptic ulceration, gastritis, colitis and irritable bowel syndrome.
4. Dried root is used as a toothbrush and is chewed by teething children.
5. Promotes excretion of urine/agent that increases the amount of urine excreted.
6. Used to relieve nasal congestion.

7. Mouthwash prepared from roots is used in inflammations.
8. Infusion of flowers is used to soothe inflamed skin.
9. Reduces signs of inflammation, such as swelling, tenderness, pain, itching, or redness.
10. Soothing and softening effect on the skin or an irritated internal surface, and
11. Tonic for kidney.

In general, its leaves and the boiled roots are also used to minimize pain during delivery and to enhance milk production in new born mothers.

8.2 Herbs versus Pharmaceutical Drugs

To truly understand and appreciate the healing potential of herbal medicine as a mode of ethno medicine, one must keep firmly in mind the key differences between herbal medicines and pharmaceutical drugs, and the advantages of the natural herbal approach. The main advantages as extracted from the interviews of the respondents as well as of case studies of herbalists revealed:

Many people view western pharmaceuticals as harmful, invasive, too powerful, and in direct conflict with alternative medicine healing systems, Whyte and Geest (2004:277-279).

8.2.1 Herbs work with Nature, not against it

Herbs work by enhancing the natural physiological functions and defensive healing reactions of the organism. Many modern medicines, on the other hand, suppress key bodily functions and block these natural healing reactions. Over the long term, this negative approach wears down the inherent vitality and resistance of the organism. One herbalist practicing in the *Nai Abadi Chowk* stated:

Boti inj kam kardi jind fitrat kam kardi….

[herbs work in the way as nature works]

8.2.2 Herbs are gentler, safer, and have fewer side effects

The negative side effects of pharmaceutical drugs cause thousands of unnecessary deaths every year. Herbal medicines follow the key Hippocratic precept:

First, do no harm!

What I observed was, the organic composition of herbs is less dangerous even if therapy goes wrong, and this was due to the slow *folk healing characteristics* of this healing system. In lieu of it, herbs mentioned above and used in the town were considered gentler and safe for usage.

8.2.3 Herbs have the nutritive value that synthetic drugs lack

It is assumed that no pharmaceutical drug that a bio-medical doctor prescribes is able to rebuild ill-body; only whole foods, nutritional supplements and herbs can do that. Many herbs are nutrient-rich super-foods; as whole natural substances, their nutrients are better absorbed and retained by the organism than even the finest natural vitamins, which are fractionated, concentrated extracts. One of the educated Potohari respondents explained it with this example:

> کہچیریہتلو ہیتبھندیںکس رسس وخوری،نوکلیشیخپل اجزاو وبوچوئ گہر دا
> ریبنتیانہ وي اوکہلھتلوشخہ میوہ وخوریئنوتلوبھپہبدنکیخپل جادو لہاس کہرئ

> [If you drink a packed nectar-based juice, you can smell its ingredients
> but it is not real and on the other hand if you eat the fruit (in original),
> you will feel its magic in your body with each bite you take!]

8.2.4 Herbs have the biological intelligence of the life force

Herbs are living medicines that can vitalize and energize the organism; synthetic drugs, as lifeless substances, can’t do this. Also, the biological intelligence inherent in herbs gives many of them a bivalent capacity to adjust or optimize key bodily functions, like digestion, circulation, metabolism and immunity. Synthetic drugs, which lack this biological intelligence, work only in one direction, and their dosages must be closely monitored to avoid excess or overdose.

A group of illiterate elderly men who were present in the herbalist shop at *Athaal Chowk* commented:

> *Ae juri boti kalhi zindagi bacha jaandi he, per das dawaiyaan doctor di ral ke wi beasar hondian nain*

> [Single herb can work as a lifesaving drug alone, but ten medicines recommended by bio-medical Doctor prove to be useless]

8.2.5 The wheels of Nature (and herbs) grind slowly, but they work very well

Herbs usually take longer to work than synthetic drugs, but they work naturally, and get to the root of the problem. Synthetic drugs may give you the quick fix, but this is

often deceptive; many times, pharmaceutical drugs merely mask the symptoms, suppress the body's natural healing processes, and may even drive the root cause deeper into the organism. The herbalists stated this assumption in the form of a question:

> The choice is yours: Do you want to be healed slower, but better, or quickly but not as well?

Herbs are classified as dietary substances not prescription drugs. Unlike prescription drugs, dietary supplements do not have to claim to diagnose, cure, treat, or prevent illness. Because medical herbs are classified as dietary supplements, they can be produced and sold in the market without testing or proven safety and efficacy Bent (2008:854-859).

Cultural construction towards herbs among the patients/community was majorly discussed with primary emphasis on the ontology of herbs. Utility of herbs and information about the herbs, its pharmaceutical use; associated life experiences and case histories of the community were discussed in the chapter. The cognitive understanding of patients towards certain health seeking behaviors and choices towards the particular herbs were also discussed to create an understanding of their cognitive development with external variables and the inclination towards the choice of herbal treatment were discussed to develop an understanding towards herbal treatment. The chapter also sheds light on respondents' construction of healing; under the natural herbalism. The overall understanding towards herbs was categories into three types from interviews. One of the major reasons of using herbs was the culture of household remedies and no side effects of such medicinal plants. Chapter also discussed the benefits of herbs at household and commercial level, the natural use as well as a tiny comparison of herbal and modern medicine about its efficacy, side effects, value-efficiency relationship to make the reader understood about the cognitive and cultural understanding of herbalism as whole in the community. It then reveals respondent's ways of use and inclination towards herbs and herbalists to synthesize the reality behind such rational choices of their health behavior.

Chapter No. 9

CONCLUSION

The study is an attempt to highlight the epidemiological issues in general and its health interventions by the dwellers of Bhara Kahu town, Islamabad in particular. The town is a nest to almost all multi-lingual and diverse terrain of ethnicities of Pakistan. Since the last two decades, people have migrated here at an unprecedented pace in quest of better life style. Health is an undeniable human right, yet one achieved by few in the developing world. Thus, optimal preservation of health requires an active approach on the part of individuals and communities. In every society people are concerned about their health, they take steps to ensure continued good health and establish procedures for avoiding ailments and injuries. A large proportion of worlds' population still relies on traditional practitioners, including traditional birth attendants, herbalists, and bone-setters and on local medical plants to satisfy their primary health care needs and this constitutes alternative health care industry. The topic of study relates to medical anthropology which strives for an understanding of health, illness, disease and sickness among inter-cultural and intra-cultural groups and ethnicities in the selected locale.

The various ethno-medical beliefs and practices are closely interrelated with the social organization, religious beliefs and life crises, due focus was given to each one of them. The current study explored the native understanding of the ethno medicine. The field data was collected across the time span of one year (June 2014 till May 2015). For the selection of census survey, 238 households were selected through purposive sampling technique. Later semi-structured interview schedule was used to interview (238) respondents which were selected form universe, and lastly, in order to narrate the insight of herbalists, (16) case studies were also the part of present study. Due to pluralistic nature of the data i.e., both qualitative and quantitative, qualitative analysis took place during and soon after the field work, while quantitative data was coded and then analyzed through Statistical Package for Social Sciences (SPSS) version 25, to obtain frequencies as well as to see the relationship of the variables. Extensive multidimensional theoretical support has been taken particularly from various ethno-

medical theories such as: Medical Ecological Theory, Cultural Interpretive Theory, Critical Medical Anthropology Approach and lastly The Social Production of Disease and Political Economy of Health.

The study was conducted in all the five clusters of the Bhara Kahu town that houses a population of 2,86,782 till 2016 namely Kot Hathiyal (North, South), Qazi Abad, Mal Pur, Ali Town and Rumali. The field data revealed that the town was dominated by Abbasi, Satti, Dhanyal, Rajput and Kiyani etc. cast groups apart from others. While cross examining the respondents' level of spending on their health and children's education, it was evident that people spend more on their health as compared to education of their children. Moreover, respondents prefer consulting Indigenous Quacker for their health betterment than medical Doctor. Field data discovered the pertinent reasons of consulting herbalists and seeking recourse from herbs as; easy availability and efficiency of herbs and this were also supplemented from the work of *Gomes et al., (2010:865-878)* and *Chawla and Ellis (2000)* as well as use of local dialect and its indigenous label was also witnessed as an accelerating factor as one respondent from Mal Pur stated:

Boti dey naa vich hee shifaa he
[Treatment lies in the name (label) of herb]

Low prices in the era of high inflation further motivated the respondents to seek efficacy from herbs available in their surroundings. Foster *(1995, 29-34*) and Sumeet *et. al (2009, 326-28)* also endorsed this proposition. Moreover, patient satisfaction from herbs (198 respondents) against side-effects of biomedicine (216) was significant factor among the respondents. This was previously claimed even by Hall, Roter and Rand (1981), Kleinman (1978) and Bogart *et al.,* (2004). The indigenous knowledge about the medicinal plants was vehement among 79 percent respondents and even Hamayun (2007:636-641) also claimed this assumption.

In comparison of the use of herbal drugs and use of herbs, respondents opted both almost equally, while they preferred natural herbs (202 respondents) as compared to home-processed herbs (176 respondents). Case studies of the herbalists revealed that the folk medicine of the town-healer was immediate and practical, consisting of 'this herb for this illness, that herb for that', with a bare minimum theory behind

it. Herbalist health care has remained as the most affordable and easily accessible source of treatment in the primary healthcare system of poor communities. Intellectually this research can add up the more interest for the researchers to further modify and explore the reasons that pave ways to people of Pakistan to seek and contact an herbalist or Grocer (Pansari) for salting out their health issues. Furthermore, it will help them to follow effective and less costly ways to achieve a healthy and satisfied life.

People express their lived experience in biological, ecological and societal perspective thus shaping the population, health and illness. The nature, internal mechanism of the body of the individual, the environment and the society marks its influence on the individual thus producing certain outcomes. The theoretical framework shows how social, economic and political apparatuses give birth to a set of socioeconomic situations, whereby inhabitants are stratified according to education, income, gender, ethnicity, occupation and other factors.

The health inequalities determine the disease production and distribution in a society where power and political economy prevails. This also triggers and molds the health seeking behavior of the individual to the different health services. The class difference also impacts on such behaviors. The disease mechanism that is something in the body whose deficiency or sufficiency can trigger the disease state of an individual is not primarily alone enough to explain the disease distribution in any society as the complexity arise with the place and time. The patient's interaction with the living environment thus molded his or her health seeking behavior and they preferred to choose the alternative ways of healing diseases due to changing environment and the nature of the disease. The satisfaction of the patients' increased by the communication with the herbalists as the mode of treatment as they holistically viewed and treated them. The bio medical domain was not the option left for the dwellers as the social disparities had forced them to utilize the alternative ways of the healing system for achieving the well-being of life.

Traditional systems of medicine continue to be widely practiced on many accounts. Population rise, inadequate supply of drugs, prohibitive cost of treatments, side effects of several synthetic drugs and development of resistance to currently used drugs for

infectious diseases have led to increased emphasis on the use of plant materials as a source of medicines for a wide variety of human ailments.

Medicinal plants are considered as rich resources of ingredients which can be used in drug development either pharmacopoeial, non-pharmacopoeial or synthetic drugs. A part from that, these plants play a critical role in the development of human cultures around the whole world. Moreover, some plants are considered as important source of nutrition and as a result of that they are recommended for their therapeutic values.

As our lifestyle is now getting techno-savvy, we are moving away from nature. While we cannot escape from nature because we are part of nature. As herbs are natural products, they are free from side effects, they are comparatively safe, eco-friendly and locally available. Traditionally there are a lot of herbs used for the ailments related to different seasons. There is a need to promote them to save the human lives.

Medicinal herbs are indispensable part of traditional medicine practiced all over the world due to easy access, low cost, least risk, and low side effect profile. These herbal products are today are the symbol of safety in contrast to the synthetic drugs, that are regarded as unsafe to human being and environment. Although herbs had been priced for their medicinal, flavoring and aromatic qualities for centuries, the synthetic products of the modern age surpassed their importance, for a while. However, the blind dependence on synthetics is over and people are returning to the naturals with hope of safety and security. It is time to promote them globally.

Lastly, this research will be progressive to initiate the governmental authorities for the improvement of the health care services thus providing and regulating the basic health rights to every individual, thus focusing on the social and economic disparities existing between people living in a community. Besides this, the social determinants of health need to be re-evaluated and the level of earnings and development of different countries will be helpful in defining the health equity between the populations. This will generate the global collaboration of the policy makers to work on making the health care as a fundamental human right. The study synthesizes that optimum healthcare can only be achieved by bringing all stakeholders on board. Indigenous healers in general and herbalists in particular can optimize the quest for better health if due recognition, acceptance and training is provided to them by the government.

Lastly, I have tried to explore, document and share the functional subjectivity of the ethno-medicine and herbalism in the context of the Bhara Kahu town, which I believe can help encounter epidemiological outbursts through a green care and cure of the herbs.

As outlined in Health 2020 and the 2030 Agenda for Sustainable Development, incorporating cultural awareness into policy-making and policy implementation is critical to the development of adaptive, equitable and sustainable health care for all. Doing so requires that policy-makers cultivate a nuanced understanding of what culture is, and strengthen their capacity to identify biases and knowledge gaps that may interfere with effective working practice.

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Glossary

Aak	Known as milkweeds because of the latex they produce. They are usually found in abandoned farmland. Its flowers are fragrant.
Ajwain	A delicate tiny, erect, oval shaped herb with a penetrating fragrance which has been used since ancient times for its culinary, aromatic and medicinal properties.
Amla	Indian gooseberry, commonly known as amla, is a powerhouse of nutrients. It is an uncommon balance of sweet, sour, pungent and bitter flavors. Benefits of amla powder or Amalaki are aplenty and it can be consumed in any form be it juiced, powdered or eaten raw. Amla powder is great for boosting your immunity but it also has other wonderful benefits for hair, skin and overall health.
Ashwagandha	The Ashwagandha marshmallow root was prescribed in the organic form as the herbal drug.
Baitakhs	A sitting place within the house usually for guests, usually an external room with a door opening at the street (outside).
Bakuchi	It is a holistically curable herb used in the Indian healing system. Its seeds are anti-inflammatory, anti-bacterial, cardiac, stimulant and diuretic in nature. Plants is rich in blood purifying properties while roots are used to cure various tooth disorders.
Berge suddab	The Leaves of this shrub are abortifacient, anthelmintic, antiepileptic, anti-inflammatory, carminative, emetic, hemostatic and mildly stomachic. The herb is also considered antispasmodic, diuretic, resolvent and strongly stimulant. It is used as a stimulant to the nervous system and uterus. It is useful in skin disorders, cramps in the bowel and hysteria. It is chiefly used to encourage the onset of menstruation and as a remedy for menstrual disorders such as PMS. It stimulates the muscles of the uterus and promotes menstrual blood flow. It also strengthens the stomach, aids digestion and is useful in sluggish liver.
Bhang	Bhang is an edible mixture made from the buds, leaves, and flowers of the female cannabis, or marijuana, plant. Bhang is a mixture made by drying, grinding, and soaking the buds and leaves of the plant to form a paste that's added to food and drinks. Bhang is known for its psychoactive effects, or its ability to affect the way brain and nervous system work. It may help reduce nausea and vomiting.
Dama	Respiratory arrest.
Datura	Datura fruit is used to treat specific types of malaria malarial fever while datura plant is used to treat ear aches.

Dua	Religious request to God Almighty usually after a prayer or personal prayer or supplication.
Dum	Healing through Verses of Holy Qur'an
Gaozaban	Gaozaban is a Pashto name given to a herb while its Unani or Tibbi name is Lisan-al-saur which is found in Quetta (Baluchistan) and Naraikotal (Khyber Pakhton Khuya). Its dried leaves and flowers are used for healing purposes.
Hawan dasta	Herbalists use fire squad (hawan dasta) rather than using electric grinder.
Haematuria	Haematuria is a medicinal plant extract.
Haldi	Known as Curcuma longa and mostly used for the treatment of skin acne.
Hakeem	Professional herbal practitioner.
Harpephyllum caffrum	Wild plum is an attractive evergreen tree with a thick crown of somewhat drooping leaves, growing up to 15 meters tall. The fruit is a popular wild food in its native area and the tree is considered to have potential for commercial cultivation. A handsome tree, it is grown as an ornamental in gardens and as a street tree. The bark is a popular traditional medicine. It is used to treat acne and eczema, and is usually applied in the form of facial saunas and skin washes. It is used by people with 'bad blood' that results in pimples on the face. The powdered burnt bark is used to treat sprains and bone fractures. Root decoctions are traditionally taken in the treatment of paralysis that is thought to have been contracted from walking over an area that has been poisoned or polluted through sorcery.
Hijama Therapy	A complementary therapy called Hijama, or wet cupping, is used to treat a wide range of conditions including migraines and high fever. It is an ancient medical treatment and practiced by forming suctions on the surface of the skin over very small cuts allowing the removal of inflamed, harmful, toxic or stagnant blood.
Hikmat	Professional practice of herbal treatment
Kachnar	Kachnar is a local name in Pakistan and India for the edible buds collected from the tree; it is widely used as an ingredient in many Pakistani and Indian recipes. Traditional kachnar curry is prepared using kachnar buds, yogurt, onions and native Pakistani and Indian spices. Kachnar buds are also eaten as a stir-fried vegetable and used to make *Achaar*, a pickle in many parts of the Indian sub-continent. In Rawalpindi, Pakistan Kachnar is cooked with minced beef. It is best for the treatment of hemorrhoids, hypothyroidism, digestive system problems, oral disorders, cough. It also has anti-cancerous properties, cures diarrhea due to indigestion, controls blood sugar, purifies the blood, eases burning sensation and regulates

	blood flow during menstruation.
Kasni	Whole plant is useful in jaundice, fever, hepatitis, anemia and enlargement of liver. Leaves are rich in iron, calcium and copper useful as a blood tonic. The leaves are used as vegetable.
Lehson	Is the mother of all the herbal treatments, which has natural antibiotics in it.
Majoon-e-Mehzal	Majoon-e-Mehzal or Arq-e-Mehzal is herbal preparation for eliminating unwanted fat and controlling the excessive weight gains. This arq is digestive whose regular use keeps one active and smart.
Medical quackery	Often synonymous with health fraud, is the promotion of fraudulent or ignorant medical practices
Narial tail	Coconut oil; it is frequently used as it has antimicrobial properties.
Nirgundi Sambhalo	Nirgundi is a very good muscle relaxant, pain relieving, anti-mosquito, anti-anxiety, anti-asthma and so on, herb of Ayurveda. It is used both for external application in the form of paste / oil, and also for oral administration in the form of powder, leaf juice extract or water decoction
Okra	Okra is a warm-season vegetable, also known as gumbo or ladyfingers. It is a good source of minerals, vitamins, and fiber.
Oral Rehydration Therapy	It is a type of fluid replacement used to prevent and treat dehydration, especially that due to diarrhea. It involves drinking water with modest amounts of sugar and salts. Its other formulations can be made at home.
Phatkari	'Phatkari' (Alum) is very well known for water purification and shave treatment, as it also inhabits many magical powers. Alum can do wonders to the skin, face and it is also used for health purposes. In the market it is easily available in powder form or block form. It is commonly used for treating acne and pimples, for skin tightening, curing wrinkles, for dark underarms, for fighting dandruff, for hair removal, for treating lice, for cracked heels and it is also used as a deodorant.
Qalonji	Known as black cumin, Qalonji (*Nigella sativa)*, it belongs to the buttercup family of flowering plants. It grows up to 12 inches (30 cm) tall and produces a fruit with seeds that are used as a flavorful spice in many cuisines. It is famous for its medicinal properties.
Sandal	*Sandal* has been the primary source of sandalwood and the derived oil. These often hold an important place within the societies of its naturalized distribution range. The central part of the tree, the heartwood, is the only part of the tree that is used for its fragrance. It is yellow-brown in color, hard with an oily texture and due to its durability, is the perfect material for carving. The outer part of the tree, the sapwood, is unscented. The sapwood

	is white or yellow in color and is used to make turnery items.
Saffi Hamdard syrup	The herbal drug also known as Saffi Hamdard syrup
Secondary Gain	Temporary relief to the patient from his/ her roles and responsibilities
Talmakhana	Talmakhana or Asteracantha longifolia is an herb that helps in healing a number of health problems for example alleviates polluted air, reduces inflammation and swelling and therefore it is useful in non-inflammatory and inflammatory diseases. It is an excellent diuretic that helps in the elimination of bladder and kidney stones. It alleviates jaundice and cleanses and purify semen. It offers great nourishment and is also a strength promoter.
Therapeutic Management Group	Paternal and maternal relatives of patient who join the therapeutic process for negotiation with the healer/ physician.
Totka	Home remedies
Tulsi	A small herb which is most used specie in India
Uva Ursi	Uva ursi is also known as Bear's grape is used primarily for urinary tract disorders, including infections of the kidney, bladder, and urethra; swelling (inflammation) of the urinary tract; increased urination; painful urination; and urine that contains excess uric acid or other acids. Uva ursi is also used for constipation and a lung condition called bronchitis. It is also used in combination to treat people with compulsive bedwetting and painful urination.

Socioeconomic Census Survey

Annexure I

Cultural Construction of Ethno medicine in Pakistan

Household Socioeconomic Census

Form No. --------

Name of the Village/town: ---------- Name of Respondent: ---------- Sex: ------Age: ------Education: ----------Occupation: ---

S. No	1. Name	2.Sex	3.Age	4. Relation with Head of HH	5. Family Type	6. Marital Status **U=Single M=Married D=Divorced W=Widowed**				7. Nature of Marriage EX= Exogamous EN= Endogamous	8. Occupation*					9. Wife Occupation*				10. Education **(Years Completed)**
						U	M	D	W		L	GJ	PJ	SB	LS	GJ	PJ	L	HW	
1.																				
2.																				
3.																				

* 1. Laborer = L, 2. Government Job = GJ, 3. Private Job = PJ, 4. Self-Business = SB, 5. Live Stock = LS, House Wife= HW.

11. Money Spent (per month) on Social Indicators

S. No	11.1Money Spent on Electricity	11.2 Money Spent on Food	11.3 Money Spent on Family Health
1			
2			

12. House Structure and Ownership

12.1 *Kacha*	12.2 *Pacca*	12.3 *Kacha pacca Mix*	12.4 No. of rooms	12.5 Size of plot	13.1 Owned	13.2 Inherited	13.3 Rented	13.4 Shared	13.5 Any other

14. Household Accessories **15. Information on Household Monthly Expenses**

S. No	Household Accessories	Yes	Qty	S. No.	Particulars	Average Monthly Expenses (Rs)
1.	Water Supply			1.	Food items (meat, vegetables, grocery items)	
2.	Gas Connection(s)			2.	Dressing including shoes items	
3	Heating Unit(s)			3.	Cosmetics and Jewelry	
4.	Air Conditioner(s)			4.	Utilities bills (electricity, gas, water, telephone, internet, dish TV)	
5.	Telephone Landline(s)			5.	Transport	
6.	Computer(s)			6.	Committee/ loan	
7.	Television(s)			7.	Social occasion (Marriage, births, deaths, birthday, etc.)	
8.	Radio(s)/			8.	House rent	
9.	Tape recorder			9.	Health expenses	
10.	DVD/CD Players			10.	Any other item_____	
11.	Internet Connection(s)			11.	Total monthly expenses	
12.	Dish Antenna(s)					
12.	Mobile Phone(s)					
13.	Car(s)					
14.	Tractor/ Agricultural technology					
15.	Motorcycle(s)					
16.	UPS					

17.	Generator					
18.	Any other item_____					

16. Money Spent on Health (During the last one year)

S. No	16.1 Name of Patient	16.2 Gender	16.3 Age	16.4 Perceived Disease	16.5 Mode of treatment*	16.6 Fee (Rs)	16.7 Medicine Expenses (Rs)	16.8 Transport Expenses (Rs)	16.9 Total expenses of disease (Rs)
1									
2									
3									
4									
5									

*1. Govt. Hospital 2. Private Hospital 3. Private Clinic 4. Dispenser 4. Hakim 5. Quacker 6. Homeopathic 7. Spiritual Healer 8. Herbalist 9. Pharmacist 10. Any other:

Name of the Researcher: ---------- Signature of the Researcher: ----------

Date of Interview: ---------- Time of Interview: ----------

Annexure II

INTERVIEW SCHEDULE
CULTURAL CONSTRUCTION OF ETHNOMEDICINE (HERBALISM) IN BHARA KAHU TOWN- PAKISTAN

Form no: ---------- Disease: ----------

1. **Demographic and Socio Profile of the Respondents**

Q. No.	Title	Category							Other
1	Respondents' Age	21-30	31-40	41-50	51-60	61-70		71	
2	Respondents Gender	Male	Female						
3	Respondents' Education	Illiterate	Middle	Matric	F.A/FSC	Graduation			
4	Resp. Marital status	Unmarried	Engaged	Married	Divorced				
4a.	Respondents' Nature of Marriage (if married)	Exogamous			Endogamous				
5	Family pattern	Nuclear			Joint	Extended			
6	Respondents' Social class	Upper	Middle	Lower					
7	Ethnic group	Punjabi	Sindhi	Balochi	Pathan	Kashmiri	Gilgiti		
8	Husbands Occupation	Laborer	Farmer	Govt. Job: ___	Private Job:	Self-Business	Live Stock		

B. Economic Profile of the Respondents

Q. No.	Title	Category						Other
9	Wife's occupation	Agriculture/ Food Crops	Self-business	Live Stock	Govt. Job: ___	Private Job:	Laborer	
10	Respondents source of income	Dependent on father/husband/ son	Business	Private job	Government job		Labor	
11	Respondents' Income (Per Month)	Less than 10,000	10,001-20,000	20,001-30,000	30,001 - 40,000	Greater than or equal to 40,001		
12	Earning Hands in Family	1	2	3	4	5		
13	Respondent housing pattern	*Kaccha*	*Pakka*		*Mixed*			
14	Respondents size of plot	Less than 5 Marla	6-10 Marla		11-15 Marla	16-20 Marla	1 kanal	
15	No of rooms	1-3	4-6	7-9	≥ 10			
16	House ownership	owned	inherited		Rented	shared		

C. Consumption Patterns and Allocation of Money of Respondents (per Month)

Q. No.	Consumption of Respondents	In Pakistani Rupees						Any other
17	Food	1-999	1000-1999	2000-2999	3000-3999	4000-4999	≥ 5000	
18	Electricity	1-999	1000-1999	2000-2999	3000-3999	4000-4999	≥ 5000	
19	Health	1-999	1000-1999	2000-2999	3000-3999	4000-4999	≥ 5000	
20	Education of Children	1-999	1000-1999	2000-2999	3000-3999	4000-4999	≥ 5000	
21	Others	1-999	1000-1999	2000-2999	3000-3999	4000-4999	≥ 5000	

D. Average Money Spent on the Health Care in last 6 Months at Household Level (Can select multiple responses too)

22	Biomedical treatment from private hospitals	Less than 5,000	5,001-10,000	More than 10,000
23	Biomedical treatment from public hospitals	Less than 3,000	3,001-6,000	More than 6,000
24	Grocer treatment	Less than 3,000	3,001-6,000	More than 6,000
25	Religious healers (*Hakeem*)	Less than 3,000	3,001-6,000	More than 6,000
26	Indigenous healers (Shamans, Dum)	Less than 3,000	3,001-6,000	More than 6,000
27	Quacker/ Dispenser	Less than 3,000	3,001-6,000	More than 6,000
28	Any other			

E. Do you perceive the following are the focused causes of Seeking Herbalist Treatment? (Can select multiple responses too)

Q No.	Title	To a Great Extent	To Some an Extent	Not at all
29	Poverty			
30	Chronic diseases and ailments			
31	Patients health problems			
32	Cultural construction			
33	Belief system			
34	Epidemiological issues			
35	Any other			

F. Do you perceive following are the leading reasons which direct your health seeking behavior in general and Seeking Herbalist Treatment in particular? (Can select multiple responses too)?

Q No.	Title	To Great Extent	To Some Extent	Not at all
36	Easily available			
37	More efficient			
38	Remedy for efficacy			
39	Cheap (economically viable)			
40	Local users' terminology			
41	Increase in inflation			
42	Illiteracy (no education to diagnose and treat health issues)			
43	Patients satisfaction			
44	No/less side effects			
45	The effect of the nature of environment			
46	Traditional knowledge of various ethnic groups (indigenous people)			
47	Affiliation to rural and urban community			
48	Domestically easy preparation of traditional medicine			
49	The knowledge of the medicinal plants			

50	The spiritual knowledge of healing and curing illness			
51	The knowledge of the socioeconomic status of health institutions to access the health care			
52	Any other:			

G. Do you maintain your health with the following healers and their healing systems? (Can select multiple responses too)?

Q No	Title	To great extent	To some extent	None at all
53	The traditional healing systems			
54	Islamic healing system			
55	Ayurveda healing system			
56	Unani healing system			
57	Chinese healing system			
58	Humoral healing system			
59	Grocer (Pansari)			
60	Alternative healing system			
61	Use of herbal drugs			
62	Use of herbs			
63	Conventional healing method			
64	Visit to a medical doctor			
65	Pharmacist			
66	Therapist			
67	Ethno medicinal practitioners (use native herb and folk medicine)			
68	Indigenous healing system (spiritual therapist)			
69	Dum, Dua and religious ceremony			
70	Go to Shamans			
71	Religious healers (*Hakeem*)			
72	Self-treatment			
73	Use of natural herbs			
74	Use of home present drugs/antibiotics			
75	Village health workers			
76	Nursing midwives			

H. Diseases, Injury and Illnesses along with its cure by drugs, herbs, plants, trees, soils and other remedial means mostly recommended by herbalists

Q No	**Describe**						
					Disease/s	**Injury/ies**	**Illnesses**
		Local/folk name and	**ethnobotanical (English)**	**recipe**			
77	Drugs						
78	Herbs						
79	Plants						
80	Trees						
81	Soils						
82	Oils						
83	Artefacts						
84	Any other:						

Note: The responses of Q 77 to Q 84 must be narrated explicitly!

Annexure III

CASE STUDY GUIDE

CULTURAL CONSTRUCTION OF ETHNOMEDICINE (HERBALISM) IN BHARA KAHU TOWN- PAKISTAN

Section-A Socio-Economic and Demographic Profile of Respondents

Q.1	**Name of the Respondent** (optional)					
Q. 2	Age	Years _____				
Q. 3	Levels of Education	Years Passed_____				
Q. 4	Type of Diploma/ Professional Qualification					
Q. 5	Marital Status	1. Single	2. Married	3. Divorced	4. Widowed	5. Separated
Q. 6	Family Monthly Income (from all resources)	Rs.				
Q. 7	Family Structure	1. Joint			2. Nuclear	3. Extended
Q. 8	Family size	1. Male			2. Female	3. Total
Q. 9	How many children are in school going age?	1. Male			2. Female	3. Total
Q. 10	Any one of your family members presently having disease?	1. Yes			2. No	

Section-B Ethno medicinal herbalists

Q.11 Nature of folk medicine given by the town-healer (immediate and practical)

Q.12 Categories of indigenous or traditional healing practitioners in the town

Section-C Unfolding of Therapeutic Process

Q.13 Process of diagnosis of the illness of a patient (role of careful observation and discussion with the patient).

Q.14 What Prescription they do of plant-based medicines for everyday ailments.

Q.15 What is the relationship of herbalist health care with the primary healthcare system.

Q.16 How do they (Educate, Empower, Coach and Treat) the patients?

Section-D Efficacy of Herbalism

Q.17 Reasons of seeking efficacy

Q.18 The Efficacy of Herbalism

Q.19 Actual efficacy of the herbs

Section-E Effective Strategy of Herbal Practice

Q.20 What are some less specifically herbal related abilities and skills that you consider important for an herbalist to develop and utilize?

Q.21 How do you go about treating patients as an herbalist?

Section-F Inherited Occupation and Professional skills

Q.22 What metaphoric and symbolic augmentation exists between the herbalists and western-biomedical practitioners, their healing cosmology; training as well as treatment plans

Q.23 What is the role of Therapeutic Management Group (TMG)?

Section-G Work Conditions

Q.24 Tell me about your work. How do you incorporate herb-knowledge into your work with clients?

Q.25 What benefits are expected with Herbalism? Are there any risks? Who is a good candidate for this work? Who should not participate in Herbalism?

Q.26 Many people who come to you for therapy services are affected by trauma, anxiety and depression. How do you help people with these issues?

Section-H Marketing strategy

Q.27 Researching the Market (National and Local)

Q.28 Segment the Market

Q.29 Customer types

Q.30 Checking Out the Competition

Q.31 Works Out Offering

Q.32 Pricing: What the Market will bear

Q.33 Interactional Dynamics with Customers

Q.34 How much do herbalists focus on the 'Word of Mouth'.

Q.35 Set Objectives and Measure Progress

Q.36 How to regulate the manufacture, import, export, storage, distribution and sale of herbs?

Q.37 Frequency, nature and type of Herbal Utilization

Q.38 How herbs-selling is done?

Q.39 You've worked with different healing modalities and while I imagine you draw on all of them in your services as a healer, what draws you primarily to herbal medicine?

Q.40 What was your first experience with herbal medicine?

Section-I Factors Responsible for Increased Patronage and Self-Medication with Herbal Medicine

Q.41 **Modes of Treatment**

Q.42 How did you know you were ready to begin treating patients?

Q.43 There seems to be a general view that herbal medicine is fine for coughs and colds, but when something gets serious, you go to a conventional doctor.

Q.44 Can you imagine a balance between pharmaceutical and herbal medicine?

Q.45 Possibility of revival of herbalist mode of treatment

Q.46 There is so much awareness about local food, local energy, local economies.

Q.47 It seems that a local medicine movement is much harder to get moving…why do you think that is (if you agree!)? What signs do you see that this movement is happening, that awareness is growing? What are some of the obstacles that need transforming to make it grow even more?

Section-J Process of Treatment

Q.48 What role do tongue, pupil of the eye, temperature of the body, complexion variation on face and body of the customer determine in disease diagnosis?

Q.49 Need of the diet chart before the commencement of treatment episode:

Section-K Toxicity and Adverse Health Effects of Herbal Medicines

Section-L General remarks of the respondents about the Herbalism

Section-M General observations of the researcher

Date and signature of the researcher