

Traditional Uses of Medicinal plants for

Ethno-Medical practices

(A case study of Jalalabad, Gilgit)



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A thesis is submitted to the Department of Anthropology at Quaid-i-Azam University, Islamabad in partial fulfillment of the requirement of the Degree of master's in science in Anthropology

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Formal Declaration

I hereby declare that the work is being presented in the thesis entitled “Traditional Uses of Medicinal Plants for Ethno-Medicinal Practices” represents my own work which has been done after registration for the degree of master’s in science in Anthropology at Quaid-i-Azam University, Islamabad and has not been previously included in a thesis or dissertation submitted to this or any other institution for a degree, diploma, or any other qualifications.

I am solely responsible for the content of this Thesis.

Maisam Ali

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Abstract

The topic of my research is “**Traditional uses of medicinal plants for Ethno-medicinal practices**”. The basic purpose of the study was to investigate local perception regarding the traditional importance of plants, and to find out the socio-economic determinants of traditional uses of plants. Anthropological tools, interview guide, and focus group discussions were used to measure the perception of 30 respondents. Also in-depth interviews were conducted with respondents which were selected by using purposive and accidental sampling. The selected respondents were late adolescents (age 20-25), early adults (age 25-35), and old aged (50-75) belonging to different classes and backgrounds to have a representative sample. It was found that Traditional medicine remains the most affordable and easily accessible source of basic health care services for poor resource communities in Jalalabad, Gilgit. Local people have a long history of using plants for medicinal purposes. Despite the growing acceptance of traditional medicine in Jalalabad, Gilgit, this rich indigenous knowledge is not well documented. Records of plants used as traditional medicines are needed so that information can be stored and the plants used can be preserved and used continuously. The main purpose of this paper is to summarize information about the traditional use of medicinal plants in Jalalabad, to identify research gaps and to suggest ideas for future research.

Chapter. 01

1. Introduction

Plants seem to be an important source in many cultures. Human beings use plants for various purposes like food, shelter, clothing, hunting, and healthcare. Plants as a source of medicine have formed the basis for worldly traditional systems and provided new remedies to humankind. Recently, interest in folk medicines has increased. This field is acquiring the scientific support it needs to be used in formal medicine. Indigenous medicine is currently recognized as a healing resource all around the world. The (WHO) world health organization find out that traditional medicines are an important source for the health care system. Nowadays, According to a world health organization, almost 80% of the world population depends on traditional plants as a source of the primary health care system. There are so many economic benefits in the use of indigenous medicines and in the use of medicinal plants which are used for the treatment of various illnesses (Zahid Hussain, 2010).

Ayurveda, a medicinal system based on nutrition and herbal medicines, has been widely practiced in India for approximately 5000 years. It also emphasizes the role of the mind, body, and soul in disease prevention and treatment (morgan, 2002).

Health-seeking behavior is defined as how "Any activity undergone by any individual who requires a remedy for any ailment or illness". It's also referred to as unhealthy behavior or ill behavior. Health-seeking behavior is part of a wider concept called health behavior, which focuses on behaviors that help people stay healthy. It prevents and as well as manages good health (WHO 2020).

According to the literature, there are two types of characteristics that have a major impact on health-seeking behavior during sickness. The modification of the formal system of care related to people's conduct falls under the first category. The research that pinpoints the process of sickness response or health-seeking behavior makes up the second group. According to research, a person's decision of medical system is influenced by a number of factors, including socioeconomic status, gender, age, social position, ailment, and quality of service (Ronin & Wildt, 2013).

Plant smoke is used for a variety of purposes in diverse cultures and different regions. For example, for medications, incense, and insect repellent, as well as for food conservation. In Southwest China, particularly in the Tibetan cultural area, the use of plants, rituals, and plant incense is very common. Fresh and dried plant incense is burned for the purpose of connecting with divinities and deities around, for the purpose of various treatments such as rituals and medicinal use of plants and their use in cultural context (Weckerle, 2011).

Every culture, irrespective of its simplicity or complexity has an interrelated set of beliefs and practices regarding health and disease. These beliefs and practices may appear primitive from the vantage point of modern medicine but they are certainly not worthless because the different traditional practitioners who have been providing health care to their community have stood the test of time and have survived even in the midst of modern medical practices. This ethnographic research deals with the in-depth knowledge about the socioeconomic determinants of health and ethno medicine. This research is a case study of Jalalabad valley. The data was collected from patients as well as the herbalists through in-depth interviews. It conducts the description about the people's belief in herbalists and in our native language we call them *Hakeems*. There are many kinds of traditional healers but my major focus is the herbalists which are known as *Hakeems*. The emphasis is on the socioeconomic determinants of health and the significant role of herbalists. The plants grown for medicinal and aromatic purposes are a part of the global heritage. The study about ethno-medicine enables us to acquire knowledge about consumable medicinal herbs that can be used domestically as well as for treatment of different diseases. Despite of the fact that the modern medicine has formed the basic foundation of the treatment strategies, ethno-medical approach still has much importance especially when it comes to rural, remote, backward and tribal areas and it work wonders in some cases. People also trust the quacks even more than physicians because they claim that their products are derived from medicinal herbs hence they are free of any side effects and it is also cost effective (Grant, 1988).

The conditions under which people live, they born, and grow up are referred to as socioeconomic determinants. It also includes their way of life, the manner in which they go about their work, and their age. These conditions are to be held responsible for a person's health and susceptibility to diseases, and they can differ depending on wealth, social position, and gender. People with various diseases face various types

of barriers to accessing cost-effective prevention methods, early detections, diagnosis, treatment, and care as a result of socioeconomic conditions, especially in developing and underdeveloped countries. Socioeconomic inequalities put people at risk for a variety of diseases, including poor diet and nutrition, lack of physical activity, tobacco use, and other harmful addictions (WHO 2015). Traditional medicine encompasses a wide range of practices, often with contradictory distinctions. It is used to explain a variety of medical practices that are unique to the people who use them and are part of a larger belief system that is widespread in that community and has a long history. Traditional medicine's diversity can be understood to some extent from a historical perspective and also from various health and illness beliefs. In various parts of the world, various systems of traditional medicine exist. It is known as complementary and alternative medicine (CAM) and therapies or non-conventional medicine in the Americas and Western Europe. Several definitions of traditional medicine have been proposed as a result of its diverse nature (Bodeker, 2007).

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1.1. Statement of the problem

The study focuses on the will of the community whether their inclination towards contemporary medication is a compulsion or they still prefer traditional and rituals plants as medicines. The aim of the study is to figure out the perception and grasp of the locals towards traditional medicine and to discover the socio-economic reasons of the ethno medicinal practices. Moreover, it will investigate the trend of using traditional medicines; in addition, it will help us to understand that which social class is more into visiting the traditional healers or Hakeem's. The practice of using ethno medicines has been concerned with many studies in various aspects. This study especially targets figuring out those social and economic elements by which individuals are more inclined to use herbal medicines.

1.2. Objectives

For the purpose of conducting research, the following has been chosen the objectives.

1. To investigate local perceptions regarding the traditional importance of plants.
2. To find out the socio-economic determinants of traditional uses of plants.

1.3. Significance of the Study

The study is very significant for having two important aspects of human life; healthcare and traditional remedies. Both elements have a great impact on one's daily life especially when it's related to health. Nature heals and natural things are healers. Herbs have been the main source of cure before modern Medicine. People look for nature whenever they needed a cure. From the doorstep to the peak of the mountain, from a healer to a life savior; herbs and all the plants specify their habitat and area of impact. Although, the botanical cure has been an inheritance from the pasts yet modern medicines keep on marginalizing. Their experience and expertise have recognized not only the importance of the local herbs but also categorize nearly every plant species according to the content of the cure they possess. In the same way, the divine buzz of traditional plants makes prescriptions more reliable

and trustworthy. The subject matter is also significant for its growing demand with time, especially in remote communities like Jalalabad. As modern medicine has created more insecurities and vulnerabilities in the form of price hikes and side effects. With time, the growing pharmaceutical diversity has resulted in confusion rather than solutions due to daily basis innovations and unchecked competition in the field of medicine. Since traditional remedies and ritual plants have rescued remote communities in tackling fatalities and minor illnesses so their inclination towards finding natural remedies is based on genuine interest.

1.4. Thesis outline

Each of the following mentioned chapters focuses on the particular aspect of the study and concludes with brief reasoning of prominent content.

Chapter 01 focuses on introduction, research objectives, statement of the problem and significance of the study. Review of related literature is in chapter 2 which isn't only relevant to the local perception regarding the use of traditional plants and socio-economic factors but also about the traditional healing and humoral, plants used in rituals and pathology as to engage the readers in other dimensions of the research. Chapter 3 gives the information about the area profile. Chapter 4 outlines the research settings to justify the authenticity of exact information and to approve the utilization of ethnographic techniques for the study. Chapter 5 gives us insight into the local perception of the importance of medicinal plants and the reason why people prefer this system over modern medicines. Part 6 tells about socio-economic determinants of the traditional uses of plants. Part 7 consists of the conclusion about the findings and the determinants that affect the use of traditional medicines.

Chapter. 02

2. Literature Review

2.1. Traditional medicine

Traditional medicine practices in Aboriginal Australia were investigated by a thorough review of the literature. Before colonialism, the sole means of healthcare were traditional healing techniques such the use of traditional healers, healing music, and shrub medicines. It was found that traditional medicine methods were used in biomedical healthcare in a sequential, segmented, and contemporaneous way. It was found that this variation was influenced by cultural and disease causation beliefs. Traditional medicinal practices in Aboriginal Australia comprises a complete perspective that reflects the WHO's concept of health, which is defined as physical, mental, and social well-being of the community and its people. Good health is often seen as setup combining attachment with the land, knowledge of the eternity and lineage, and social, cognitive, bodily, and emotional well-being in this worldview. Good health is viewed across the world as a setup that involves a connection with the land, knowledge of spirit and ancestry, and mental, physical, emotional, and social wellbeing of the community and people. Indigenous Australians believe that illness is caused by one of three things: a natural bodily reason, a spirit that is harming them, or sickness caused by sorcery. The impact of colonization, as well as the following displacement and isolation of people from their traditional lands and, later, their traditional families, has had a profound impact on the usage of traditional practices, including traditional medicine (Stefanie J Oliver, 2013).

In this article, the writer describes that the Spiritual healing technique is the oldest technique used by human beings for thousands of years with the help of spiritual healers. Spiritual healers are specially trained individuals who had control over the spirits and spirit possession. Every part of the world has different concepts about spiritual healers and spiritual healing according to their cultures, norms, and

religion. These techniques are different, in the way they treat the patients (Ayaz, 2017).

Sometimes people are not comforted with the modern medical system and even cannot be able to take the medicine, for those people spiritual healing is the best choice where they can get their treatment. Especially in the case of elderly people most of the time they do not want to take medicine, or any surgery thus spiritual healing becomes the best choice for them (Puchalski, 2001).

Many Indian state states have made schemes to incorporate traditional medical systems (TM) with formal health care institutions and services at various administrative levels since 1980. Primary Medical Centers (phcs) in various districts are one of these programs. In the same primary health care scenario, however, no research has been done on relative demand and usage, or on the extent to which TM is regarded or used as a compliment, alternative, or addition to biological treatments. In an integrated approach, where sickness behaviors are viewed as a decision-making process, the customer plays a key role. From a structuralist perspective, the administration's perceptions of needs and actions (in a particular scenario) are not always the same as individuals' subjectively felt needs, wishes, or even expressed requirements. Research investigating the degree of usage and levels of clinical utilization of the two coexisting services is intended to be valuable in establishing standards and services, estimating recurrent expenditures, and allocating resources for the phcs to work well (Ramesh A, 1992).

Traditional Medicine, like a major Asian socio-cultural legacy that has been visible in survival for hundreds of years, was once thought to be primitive and it was mistakenly met with hostility, especially by extraneous beliefs, dating back to the expatriate days in Africa and later by conservative or conventional medical consultants. Traditional Medicine, on the other hand, has been brought into focus in order to achieve the aims of a comprehensive treatment of primary health care delivery, not only in Asia but also, to varying degrees, in every country of the world. For at least 80% of Asians suffering from high fevers and other common illnesses, traditional medicine is the most effective treatment (Elujoba, 2005).

Traditional medicine (TM) is on the verge of a comeback. People all across the world have used herbal or animal-derived cures to heal the sick for millennia, and these remedies have been passed down through generations. For primary care, 80% of the population in Africa and Asia still prefers traditional treatments to modern medicine. TM is also gaining popularity in developed countries. According to estimates, up to 80% of people have tried complementary therapies such as acupuncture or homoeopathy. In addition, 74% of US medical students believe that combining traditional or alternative therapies and practices will help Western medicine, according to a survey done earlier this year (Abbott,2010).

Folk knowledge belief systems are more diverse, specific to ecosystems and ethnic communities, and oral transmission. Household health practices (home remedies for basic medical care, food recipes, rituals, and customs) are included, as are more specialized healing traditions such as bone setting, poison healers, birth attendants, veterinary healers, general healers, and so on. These are built by societies over generations and rely on ecosystem elements such as plants, animals, and mineral and metal derivatives that are frequently abundant nearby, easily accessible, and affordable. It varies greatly as a result of social, ecological, and historical factors.

Hence, it is typically seen that nations with similar ecosystems have comparable health practices, demonstrating that the environment and health are inextricably linked. Indigenous medicine, ethno medicine, bush medicine, and little traditions are some of the terms used to describe these practices. Traditional medicine remains essentially uncoded folk knowledge in most areas where it is not formalized. This learning is notable for its diversity, group possession directed by common law, flexibility to changing situations, and oral transmission. Unlike popular belief, it is highly dynamic, meaning it is current and does not refer to a certain time period. While knowledge development and transmission may differ among cultures, there are certain commonalities in community value systems and techniques of knowledge transmission. Scientists frequently do not regard it as real knowledge because it is mixed with values and beliefs (Bodeker, 2007).

2.2. Health and traditional medicine

Health is not only about one aspect of medical, but also about the overall growth of human culture. One of humanity's most important concerns is its health. Health is a prerequisite for human growth and is basically focused with the ordinary man's well-being. The standard of health care, health orientation, and social protection of public health in a population all have an impact on the growth of any country. As far as an organic connection with rural health is concerned, there is no basic service for an inclusive health interference effort to understand the health culture and health behavior of rural people from the larger point of view of social determinants in developing a framework of culturally appropriate health care delivery system. Usually, the socioeconomic situation in which a person lives is quite important and significant for his or her health status and quality of life. Some external influences, such as social environment, health culture, hospitals, and doctors, might influence a person's health state. It also depends on some internal aspects such as his or her health culture, education, and health practices, among others. This report, which is based on fieldwork, explains how social determinants are to blame for a variety of rural people's health issues and emphasizes the importance of building a Social Determinants of Public Health Care mechanism (Nanjuda, 2013).

Ethno-medicine is a discipline of medicine that studies disease and its nature from a cultural and social perspective, as well as the healthcare seeking process and treatment techniques. In the last ten years, research in the field of ethno-medicine has exploded. It essentially requires a grasp of the population's approach to identifying sickness, what draws them to quacks, and how efficient their treatment plan is (Krippner, 2003).

In 2016, almost 80% of the world's population relied on herbal extracts for healing and illness control. A total of 57 percent of the top 150 medications used in South Asia have at least one active ingredient derived from plants (Setzer, 2006).

Ethno-medical practices are now such a part of every man's life that the indigenous coined the term "Traditional" to describe the really universal ethno-medical

practices. The return to the traditional prospect of healthcare is freely accessible to all social classes in North America, the Caribbean, and Europe (Lowe, 2000).

In low- and middle-income nations, access to health services is frequently limited (especially in rural and remote regions). Traditional medicine (TM) and traditional healers (TH) – those healthcare practices, treatments, and providers that are indigenous to culture and have historically operated primarily outside of the state-funded healthcare system as well as beyond the practices and curriculum of the dominant medical profession – are an important and popular component of health-seeking and treatment for many people in low- and middle-income countries in Asia and elsewhere. The general public uses TM/TH on a regular basis for maintaining health and/or treating chronic and acute disorders. The general public uses TM/TH on a regular basis for maintaining health and treating chronic and acute disorders. The great majority of people who use TM/TH do so before or in the absence of traditional medical care. According to one study, TM/TH users are more likely to be women's, university graduates, or low-income people. Other studies, on the other hand, have concluded that men are more likely than women to use TM/TH, or that there is no link between ages, education, or wealth and TM use (Suswardany, 2015).

For centuries, the apparitional areas of disease and health have been a vital component of ethno-medicine, an aspect that medical practitioners have completely neglected due to the hurdles and difficulties associated in confirming its success using scientific procedures. Natural and unnatural (supernatural) origins are the two primary categories of illness origin in ethno medicine. Natural illness refers to an illness that has nothing to do with a person's personality, such as a disease caused by a disruption in the human body's normal homeostatic equilibrium. There are two sorts of unnatural illnesses. The first is spectral abilities, which are the result of demonic spirits practicing divination. The second category contains apparitional reasons, which are God Almighty's punishment for disobedience and violation of nature (Foster, 1976).

Ethno-medicine is gaining in popularity at an exponential rate, according to the World Health Organization, and its use is increasing in industrialized countries. According to 1983 research, 80 percent of African and Asian people use this folk medicine to treat their illnesses. When it comes to the highest rate of traditional medicine use, we discovered that India is at the top of the list. 11.7 percent of the Indian population said they had used herbal remedies to treat their illnesses in the preceding three years, while 19.0 percent said they had been using this traditional medication for at least a year. Traditional medicine is utilized less frequently than is widely believed because, for many critical illnesses, people seek appropriate medical attention first so that they can be treated with contemporary medical techniques and modern medicine (Oyebode, 2016).

There is substantial controversy about whether Indigenous Knowledge and Traditional Knowledge are interchangeable terms. This argument, particularly in the context of Indigenous Knowledge documentation: Despite the ambiguous phrase, Indigenous knowledge is believed to be the traditional knowledge of Indigenous people. Aside from this discussion, it's critical to distinguish between programs that use traditional knowledge and those that use cultural mediation at this point. Programs that are "culturally suitable" are not always the same (Geest, 1990).

This term generally refers to the application of non-Indigenous attitudes and behaviors in order to increase communication and understanding at the crossroads of cultures. Indigenous knowledge is integrated into learning from a non-Indigenous perspective, not from an Indigenous perspective. From an Indigenous point of view, integration may be essential (Nambiar, 2007).

What is evident, however, is that both approaches to learning, although drawing on and valuing traditional knowledge, are not anchored in it. There are various examples of Indigenous knowledge being used and incorporated into scientific research and practice in the field of Natural Resource Management (NRM) (Terasawa, 2004).

2.3. Traditional medicine and culture

Ethno-medicine is thought to highlight the knowledge of sickness in relation to cultural definitions, as well as how those illnesses are treated in accordance with cultural customs. This method allows for a comparison of what each culture considers to be a disease or illness, as well as how different approaches to the topic affect each individual's physical well-being. We seek medical treatment from a variety of people, but we all have the same goal: to get aid from someone who is respected in the community and has the ability to improve our health. Because of our variations in cultural representation, we have varied perspectives on disease and illness. Sickness encompasses both disease and illness, although each has its own constructions of sickness. The outward expression of your physically altered state is disease, whereas illness is our subjective perceptions of physical ailment (Harrison, 1991).

Traditional medicine was the primary medical system available to millions of people in Africa in both rural and urban populations before the emergence of cosmopolitan medicine. For a larger section of the population, it was the only source of medical treatment. Traditional health care methods are still used by the majority of people not only in Africa but around the world, according to evidence (Abdullahi, 2011).

Ethno-medicine, or the study of cross-cultural health systems, has been a topic of study in anthropology since the beginning. Perceptions and classifications of health problems, prevention measures, diagnosis, treatment (magical, religious, scientific, healing drugs), and healers are all part of a health system. Ethno medicine has broadened its scope to cover issues such as body image, culture, and disability, as well as changes in indigenous or "traditional" healing systems, particularly as a result of globalization (Mccallum, 2005).

Healing is "a spiritual process that incorporates addictions recovery, therapeutic change, and cultural rebirth," according to the Aboriginal and Torres Strait Islander Healing Foundation Team (Phillips and Bamblett, 2009). Therapeutic change,

according to the group, entails dealing with trauma in a safe and culturally acceptable atmosphere. The healing process among males in Kimberley, which shows living healthy is directly related to harmony that is present among bodily, social, and apparitional facts, the bodily along with the social, the current among the outer world, tells us about the healing process among males in Kimberley, shows living healthy is directly related to harmony that is present among bodily, social, and apparitional facts, the bodily along with the society, the current amongst some of the outer world. In comparison to the approach adopted by most Western medical institutions, investigations relating to traditional techniques of treatment are more about religious beliefs about wellbeing. Emotional and spiritual concerns are mentioned frequently in addition to mental and physical health, the main focus is often on communities and families rather than individuals, and, perhaps most notably, many examples mention the healing required by those who have hurt others as well as those who have been injured, in perhaps the most significant departure from Western models (Archibald, 2006).

To reestablish harmony and balance, both of which are vital qualities. Since 1982, the National Aboriginal and Islander Health Organization (NAIHO) and, more recently, the National Aboriginal Community Controlled Health Organization (NACCHO) have adopted the following definition of "health" in an Australian Indigenous context: Health encompasses not only an individual's physical well-being, but also the social, emotional, and cultural well-being of the entire community. This is a holistic perspective that includes the life-death-life cyclical notion. Health-care services should try to produce a situation in which every individual can reach their full potential as human beings, resulting in complete community well-being. Recent examples frequently place a higher emphasis on trauma healing than the definition above: To me, healing entails coming to grips with the trauma I've endured throughout my life and accepting the reality that I can't change what's already happened, but I can begin to connect with my spiritual self and take the time I need to figure out what the road ahead holds for me. Healing is letting go of our pain - physical, mental, emotional, and spiritual - that has been inflicted on each of us, as well as the pain that we have inflicted on others. Healing

can take place at any point in a person's life as well as across generations. It can take numerous forms, including healing a wound or recovering from an illness. It is, however, primarily about renewal. Healing allows us to return to ourselves by letting go of the things that have hurt us and brought us pain (Mackean, 2009).

Many of these characteristics are combined in the definition of the Indian Health Service of the United States' primary, secondary, and tertiary health responses for millions of American mainland and Alaskan Aboriginal people. Its mandate is to prevent, slow the progression of, or lessen the impact of imbalance or disharmony of body, mind, and spirit in individuals, families, communities, or Aboriginal nations, as well as in the living environment. Finally, Aboriginal respondents frequently mention forgiveness or acceptance as an important component of healing (Smith 2009).

2.4. Medical pluralism

A diversity of therapeutic health care alternatives exists in all communities, and the idea of "medical pluralism" in medical anthropology refers to this coexistence. The types of therapies available vary by location: one can discover a wide range of medical items as well as physical, psychological, and spiritual therapies. Many of the current remedies were previously only available locally, but today we see a global spread of procedures and products, and the rising pluralism is not organized in stable medical systems. However, a variety of networks can be found on many levels and across levels; these networks originate in common notions and forms of praxis among masses people as well as in clinical and educational institutions, but they are never populated by stable and loyal populations of patients and healers. Today's medical pluralism might be thought of as open networks built on the elective affinity that emerges via practice. Sick people, their families, and health care providers juggle concerns of identity and the social as they seek solutions that would heal the suffering body while also providing meaningful self-relationships as they move between networks (Helle Johannessen, 2014).

In state or complex societies, medical pluralism refers to the coexistence of numerous medical subsystems. Despite the fact that biomedicine is increasingly prevalent in all modern countries, indigenous and professionalized heterodox medical systems of various kinds continue to exist for a variety of reasons. Medical anthropology has long been interested in exploring medical pluralism in all of its forms (Hans A. Baer, 2018).

Anthropologists develop an even-handed view of medical pluralism based on their observations of local medical systems. In contrast to the normative viewpoint held by health care practitioners, the division of labor between different types of practice appears to be a constantly negotiated compromise structure. From this perspective, and cosmopolitan medical procedures are perceived as adapting to local cultures. When the Chinese system is represented as a whole normative system, for example, it is likely that its pluralistic structure has been overlooked, and planners who want to promote the use of traditional medicine in poor countries should learn as much about the continual nature of medical pluralism (CHARLES LESLIE, 2002).

Medical Pluralism, or the utilization of several healthcare resources, appears to be a worldwide phenomenon. Although astrogenesis is a concern relevant to both traditional and allopathic health care, "traditional medicine" cannot be thought of as a unified entity and is used to describe a wide range of healing practices. However, substantial evidence exists testifying to the effectiveness of many of these different practices. Collaboration among allopathic and traditional medicine (which is promoted as part of the healthcare system) is suggested to be important not only because of the effectiveness and widespread use of traditional medicine but also because of its potential to improve both allopathic and traditional practice toward the ultimate goal of improving health by developing a more holistic approach to health care. There are some barriers to collaboration as well as the implementation of primary health care that have been noted (Phillips, 1992).

2.5. Traditional medicine and healing

Living in peace, acceptance, and without judgment is what it means to be "healed." Acceptance and forgiveness are the only ways to overcome the suffering of living in the past. Lane claims that he tried a variety of healing methods, but he didn't feel better until he realized that everything that had happened to help him recover was a fantastic gift (Lane, 2002).

Medicinal plants have long been used in traditional and ethno-medicine all around the world. This review examines the current state of medicinal plant genetics, evolution, and lineage, as well as future prospects. These dynamic fields are concerned with the evolutionary mechanisms and systematics of medicinal plant genomes, the origin and evolution of the plant genotype and metabolic phenotype, interactions between medicinal plant genomes and their environment, and the correlation between genomic diversity and metabolite diversity, among other things. To accelerate medical plant breeding and transform them into living factories of medicinal chemicals, emerging high-end genomic technologies can be extended from agricultural plants to traditional medicinal plants (Da-Cheng Hao and Pei-Gen Xiao, 2015).

Medicinal plants have been used in traditional medicine and ethno-medicine for thousands of years all throughout the world. The current state of medicinal plant genetics, evolution, and lineage, as well as potential tendencies, are discussed in this chapter. These dynamic fields are interested in, among other things, medicinal plant genome evolution and systematics, the origin and evolution of plant genotype and metabolic phenotype, the interaction between medicinal plant genomes and the environment, and the correlation between genomic diversity and metabolite diversity. Emerging high-end genomic technologies can be applied to traditional medicinal plants in order to speed up medicinal plant breeding and turn them into living factories.

We can deduct from the definitions of "traditional" or "Aboriginal" healing that many people in the Western world still believe that healing and treating are synonymous. Traditional medicine is often used to refer to traditional Chinese medicine, Indian Ayurveda, and Arabic Unani medicine, as well as numerous forms of Indigenous medicine around the world, according to the World Health Organization. Herbal medicines, the use of animal parts and minerals, manual therapies, and spiritual therapies account for approximately 40% of health care in China and 80% in Africa, with methods such as herbal medicines, the use of animal parts, and/or minerals, manual therapies, and spiritual treatments to maintain well-being diagnose, and cure diseases (WHO, 2002).

Many studies show healing as a type of practice that contains information about where and how it is done. We recognize that these viewpoints may be incomplete. This is why all aspects of healing should be considered. While we understand the relevance of various perspectives, our current concentration is on a limited range of methodological and pragmatic literature that is admittedly more aligned with a set of preset views, knowledge, and identities. Even though there has recently been a surge of interest in the potential impact of religion and spirituality on healing in mainstream western medicine, this has largely focused on Judeo-Christian traditions. It's unpredictable because there are two groups in society who have a skewed view of healing. Even in Australia, medical academics studying the linkages between spirituality and medicine frequently ignore the links between Aboriginal spirituality and healing (Sternthal, 2007).

In Aboriginal communities, there are many different healing traditions, and the literature emphasizes the significance of acknowledging the diversity of healing responses in different communities, each with its unique needs, capacities, and traditions (Putnis, 2007).

Medicinal plants are regional treasures that can be used to heal a variety of diseases. In Pakistan's Lakki Marwat District, researchers studied and documented knowledge about indigenous commonly used medicinal herbs, including traditional

names, preparations, and uses. The data was statistically evaluated using the ICF technique in order to provide baseline data for additional in-depth studies of bioactive components in indigenous medicinal plants. In the research region, 62 species of flowering plants from 34 families and 57 genera were reportedly employed as ethno-medicines (Shafi Ullah, Muhammad Rashid Khan, 2014).

There have been recorded instances where this healing method has had extraordinary outcomes, such as in Alkali Lake or Esketemc in the mid-1980s, the community shifted dramatically from a scenario in which nearly every man, woman, and child over the age of twelve was a practicing alcoholic to one in which 95% of the population was sober. The community's efforts did not end there. Traditional and innovative treatment methods are applied in Aboriginal communities (Fletcher, 2008).

There are a variety of modalities, and there are numerous situations where Aboriginal healing techniques that were previously only employed in specific geographic areas are now being used more extensively (Archibald, 2006). The prohibition of traditional practices, the movement from traditional territories to urban centers, the development of an inter-tribal indigenous identity, and other factors have resulted in an increase in cross-cultural healing symbols and practices (many of which have been accepted from Plains cultures). Many healing traditions have changed as Aboriginal societies have changed dramatically (Lane, 2002).

The significance of reconnecting to someone's cultural traditions is perhaps the single most powerful claim in the literature; in fact, in many cases, it appears that "recovery" is similar to "recovery of one's lost cultural identity," and that this is crucial to healing. The key to improving indigenous people's health may not be extending their access to contemporary health services, but rather discovering cultural values and ways of life (Smith, 2003).

Success, however, can increase the risk if successful recruiting drives and community "readiness" exacerbated service demand and overburdened the healing

team supporting disclosure, which necessitates follow-up and aftercare. The Aboriginal Healing Foundation and other organizations in Canada have aided Aboriginal healers, but there are serious issues surrounding self-care for healers for all traditional healers, and perhaps particularly for all those who gained their skills through dealing with their own traumatic experiences. Finally, the research emphasizes the importance of distinguishing between qualified healers (which is unlikely to be a paper qualification) and those who should not be contacted. Formal organizations are being formed in places like South Africa and New Zealand, where membership will represent proper qualification, which is normally achieved by years of internship with a certified healer. Dealing with healers who have earned their talents via their own experience of working through their own trauma makes achieving such an outcome more difficult. In such circumstances, there appears to be widespread agreement that the Survivor must be recognized as a role model for healthy behavior or successful healing. The Survivor's function as a healer is granted or established as a result of others' acknowledgment and appreciation for the Survivor's healing abilities. To put it another way, be extremely cautious when interacting with self-described "healers." (Kishk, 2006).

Workshops with traditional healers highlighted their concerns with overwork and aging and Maori healing is being brought into modern health services. As a result, Maori traditional healers are now considering practice-based/internship-style learning, with candidates are chosen by older practitioners based on specific characteristics they exhibit. Caring for healers has also become a significant issue. Unrecognized, untreated vicarious trauma is closely linked to a lot of sick leave and workplace strife (Chansonneuve, 2005).

Healers in New Zealand are working to increase possibilities for "side-by-side learning" so that individuals with healing skills can pass on their knowledge before the healers pass away. The literature has also highlighted the importance of intergenerational transmission of healing expertise. In many societies, such information is historically guarded and not readily shared. Even well-established healing traditions, such as those on the Navajo Nation, are having trouble finding

young people willing to put in the years of training required to become a qualified traditional healer, and a school for traditional healers established with Cornell University's support did not produce the expected results (Iris, 1998).

The healer's healing power is determined by the healer's original land. Take a look at the health conditions that have been listed. These healing techniques are discussed in, which emphasizes the necessity of "awareness of the vital role of land to Indigenous people's identity, spirituality, community, and culture." As the following comment from a Canadian context confirms, sharing healing information is a problem for both lateral and intergenerational knowledge transfer. The terms "knowledge transfer" and "sharing of best practices" have recently become quite fashionable. The possibility of useful information flowing "uphill" or even laterally from community to community is usually ruled out as a plausible or valid possibility (Lalonde, 2006).

Traditional healers investigate the patient's social and psychological well-being, as well as the patient's medical history. They already know or are willing to learn about the patient's social and economic standing, as well as his or her attitudes, beliefs, hopes, and anxieties. Between the healer and its native land, there is a profound link (Arbon, 2003).

2.6. Theoretical framework

Anthropology has traditionally concentrated on indigenous societies, traditional healers, and healing rituals within the context of cross-cultural comparison. Anthropologists have only previously shifted their focus to the field well-known to sociology, namely complex societies, biomedical institutions, and doctor-patient relationships, penetrating it with their well-grounded research techniques. Medical anthropologists' current areas of interest include culturally sensitive ideas of body and health, illness experience, medical pluralism, biomedicine, traditional and complementary healing methods, health economics, and cosmopolitan biomedical culture. Medical anthropology has long been critical of biomedicine for its reductionist and nonhuman nature. The discipline focused its efforts on exposing

the importance of a disease's social foundations and the meaning that it has for those who suffer from it. Complex societies are envisioned as operating in a state of medical pluralism (Cant, 1999), which entails the "existence of diverse standards of medical knowledge, the functioning of different explanatory systems, and healing traditions, where transactions between patients and healers are imagined as complex transactions among systems of meaning, technologies, and authority" (Delvecchio, 2000).

2.7. Culture Interpretivist approach

Arthur Kleinman's meaning-centered approach emphasizes the socially created nature of people's health and disease experiences. The development of the analytic distinction between illness and disease was one of medical anthropology's major contributions to health studies. In the technical terminology of a particular treatment method, the disease is defined as the practitioner's construction of patient complaints (p 230 Kleinman, 2000). This means that distinct definitions of sickness evolve in both biomedical and non-biomedical therapeutic systems. Disease serves as an explanatory model in this context, as part of the specialized culture of medicine. Baer explains that sickness is understood by both the healer and the patient through a series of interpretative activities, including the interaction of biology, social practices, and culturally formed frames of meaning, which contribute to the development of clinical realities (Baer, 2003).

As a result, patient-doctor contact is still critical for how people cope with the disease and imagine wellness. This communication is influenced by a variety of aspects that can be studied, and it is subject to alter, for example, through strategies like doctor-designed educational initiatives. Illness, on the other hand, is described as a person's views and experiences of socially devalued conditions such as disease, among others (Young, 1982).

We can see an increasing fascination with patients' worlds and how they cope with disease here. As a result of this distinction, an anthropological emphasis on in-depth examination of personal narratives of sickness emerges (Skultans, 2007).

Chapter. 03

3. Research Methodology

The present study is done by using qualitative research method for collecting primary and secondary data during the whole period of research. Using the qualitative technique allow researcher to observe and to participate in the entire process of the study.

Anthropological research is distinguished by its examination of the complexities and nuances of human interaction, as well as its cultural. Anthropology is a scientific subject that blends humanistic and social science approaches.

For the purpose of current study, the researcher makes observations and investigates viewpoints from many angles and in diverse methods while conducting study. The Researcher observes and converse with people from various social groups, various interactions with the things under investigation, conceptualizes and responds to them in diverse ways.

Primary data have been collected from the key informants, folk healers, religious healers, traditional healers, bonesetters, women's who use ritual plants at homes, and indigenous people.

Though we are aware that there are numerous renowned methodologies in anthropology that are together referred to as qualitative research methodology. These anthropological methodologies that were applied in the field by the researcher are listed below.

3.1. Data collection Tools and Techniques

Data collecting is an important part of every research project. The data for the current study was acquired using rapport building, participant observation and key informants. And the tools using sampling, an informal open-ended interview guide/questionnaire and focus group discussion

3.2. Rapport building

Rapport building is a crucial and unavoidable element of research; it serves as a manifesto for effective contact with locals and the selection of informants and key informants. As I am a native in my locale I talk to my respondents in my native language, so I did not face any difficulty. At first i met with the local *Hakeem*'s and then people who are seeking for traditional medicines and try to build a rapport with my respondents, attended some gatherings, once my rapport were built in the locale i start interviews.

3.3. Participant observation

Participant means to participate in activities and events, and observation means to watch and observe an event that is conducted by people.

"The core of cultural anthropology is participant observation fieldwork. It entails getting close to individuals and making them feels at ease in your company so that you can observe and capture details about their life."

The researcher's identity was not hidden in the concerned field. The researcher explained the purpose and goals of my research to them. The researcher observed many actions through participant observation, such as anyone visiting the location and asking for an amulet for various objectives. Daily visits provided the researcher with a unique perspective from which I was able to gather information regarding ritualistic uses of plants and medicinal plants.

Participant observation, also known as ethnographic fieldwork, is the core of cultural anthropology, according to Bernard. It comprises approaching individuals and making them feel at comfortable in your presence so that you can observe and record information about their lives.

3.4. Key informants

A key informant is a data source who is well-informed. Researchers used key informant technique to observe the people activities. Key informant technique falls in the domain of ethnographic fieldwork method that originated in the field of

cultural anthropology but is increasingly being used more widely in social science research.

In this research, two key informants helped the researcher throughout the field. With the help of key informants, the researcher gathered a lot of data. They were extremely helpful to the researcher in providing knowledge on the traditional and therapeutic applications of plants in Jalalabad Valley. key informant method were very helpful in gathering the authentic data on the uses of traditional plants and their usage in medicinal plants in various ceremonies, and their presence made gathering information from various users easier.

In the study, the key informants who were selected are the locals of the area and had good knowledge about the area and with the help of the key informant's researcher build good rapport with the participants.

A 25 years old boy, who is a local in the area Jalalabad valley, was running his own mobile shop in the area and he has good knowledge regarding the uses of medicinal plants. Furthermore, he was well aware of the collection of plants from the mountain area, he said that he spent his half-life in the mountains because his father was a shepherd, with his father he was living there to help him. Being a shopkeeper in the area he has a piece of good knowledge about hakims and those people who use traditional plants on daily basis.

Another key informant was a 25 years old boy, he was a local in the area Jalalabad valley, studying at Karakorum international university, he helped the researcher throughout the field, as he was local in the area, he has great knowledge about the practices of traditional uses of plants, he helped the researcher to collect every information regarding the locale.

3.5. In-depth Interviews

An in-depth interview is an important tool for gathering information. This instrument gives the researcher with a lot of qualitative data. An interview is a crucial technique in fieldwork for gaining a thorough understanding of the respondent. With the use of an interview schedule, the researcher gathered extensive information. 13 in-depth interviews and 17 general open-ended interviews

were conducted by the researcher. The researcher gathered a lot of data on the different sorts of traditional plants, their applications, and people's perceptions of traditional plants.

How these plants are used in primary health care system, what is people's perception of traditional plants, why do people perform different types of traditions using plants, and which plant is best for certain problems.

3.6. Survey form

Bernard expresses the advantages of taking a census, he said that census can be a way to get statistics in a community by observing and by walking around and so while visiting each house it can be a method for accomplishing affinity locally by strolling around thus while visiting each house it can offer you credibility (Bernard, 1994). For the purpose of the current study 48 households of the area of Jalalabad valley of Gilgit were chosen to fill the form.

3.7. Focus group Discussion

The focus group discussion (FGD) is a type of group discussion that gathers data by allowing participants to communicate with one another. Although group interviews are widely used as a rapid and acceptable technique to collect data from a large number of people at the same time, focus groups openly use group communication as a tactic.

During the study, the researcher conducted two focus groups, one with users of ritual plants who use them on a regular basis for healing purposes and the other with women who use ritual plants to avoid the evil eye in their daily life. It aids the researcher in comprehending the public's view of medicinal plants used in the primary healthcare system.

3.8. Interviews (structured & unstructured)

The data gathering from the field is done through interviews with selected people. An interview guide, schedule, and informal questionnaires are used to conduct the

interviews. The interview may be useful in analyzing their knowledge and responses (McNamara, 1999).

Informal and in-depth interviews with respondents were undertaken for the current research project in order to obtain relevant data through fieldwork. Similarly, the researcher conducted informal and in-depth interviews with the selected respondents throughout the fieldwork phase. The respondents' everyday life experiences with the use of plants in primary health care were included in these interviews. Informal interviews helped the researcher establish a good relationship with the participants early on in the research process. It also made it easier for the researcher to understand their true feelings about the research aims and research issues.

Unstructured interviews, on the other hand, are done without the use of an interview guide. Bernard defines unstructured interviews as "interviews that are based on a clear plan that you keep in mind at all times but also described by a minimum of control over the people's responses" (Bernard, 2006). In addition, in this study, unstructured interviews were done. The fundamental goal of unstructured interviews was to establish rapport.

3.9. Case study

A case study is a strategy for assisting the researcher in gaining additional information about the topic under investigation; case studies can be of numerous individuals and situations. The case study approach is commonly used in anthropological research and is a valuable resource for learning about the inside and out of group perspectives of various occurrences. It also depicts people's experiences and allows them to define their own lives. This strategy allows you to obtain substantially more data in a shorter amount of time. Various case studies of various events in locale, particularly on a class basis and gender basis have been covered in this study. These case studies helped the researcher in identifying the various people using traditional plants for different purposes. And especially, the perspective of individuals who prefer ethno-medicines over scientific medicine. The

case studies aided the researcher in providing more insights and a deeper grasp of the study's various themes.

3.10. Sampling techniques and sample size

Sampling is an important stage in any research; it allows you to select a specific number of participants from the target population. The total number of samples represented all of the population's characteristics. The basic concept behind sampling is to evaluate some of the components in a population that can provide relevant intelligence and information about the entire population in a certain location. Non-probability sampling techniques were used to choose the sample.

There are thirty (30) male and female respondents were included in the sample. The purposive sample strategy was used to get relevant information or replies from respondents in a systematic manner for this research. Respondents were chosen for the study based on the researcher's personal preferences, as the locale is the researcher's hometown. The respondents were first chosen using the social referral method, after which they were identified and purposive sampling procedures were used.

3.11. Traditional plants and their usage in Jalalabad

Table 1: list of medicinal plants and their uses

Local name	Part used	Method used	Purpose
Khakamoos	Fruit	Direct	Stomach pain, vomiting and diabetes
Bushi phunar	Flower	Mixed with water	Used for pneumonia, cough and fever, sour throat and asthma
Pong	Flower	Mixture with water/ milk , powder	People make powder used as flavor for bread in festivals and ceremonies, used for

			cold fever, vomiting and typhoid
Chilli	Leaves	Burned and inhale	For shamanism practices, shamanic ritual ceremonies
Tumuro	Leaves	Decoction	Decoction is used for abdominal pain. For high blood pressure and weight loss, people make tea which help to maintain blood pressure.
Pheleel	Leaves	Powder/ juice	Mostly used for high blood pressure, fever, stomach pain, juice is used for abdominal pain and vomiting, the leaves are also used as salad.
Makhoti	Flower	Decoction	Used for heart diseases, high BP, fever, asthma and body pain
Phapus	Leaves	Powder	Powder is used for toothache
Sabsar	Leaves, roots	Powder	Powder of roots is used for asthma, back pain and cough. Dry leaves are used for making tea.

Sab	Roots	Powder	Powder is used for severe fever and cough.
Jaroo chotal	Root	Powder	Powder is used for weak uterus. Used for joint pain
Jami	Whole plant	Direct	Leaves used as vegetable, stomach pain
Zoon	Leave, flower, bud	Juice	Anthelmintic, stomach ache
Chikee	Fruit, whole flower	paste, powder	bone ache, abdominal related diseases
Ishkinache	Leaves, roots	Powder, juice	Maintain B.P, skin infection, constipation
Hayoo	Fruit and seed	Powder, direct use	Used for making breads, hungriness, green herbal tea
Daturoo	Whole flower, fruit seeds, leaves	Juice, paste, powder	Toothache, used for hair fall, earache
Buru	Fruits	Juice, powder, paste, direct	Cosmetics, skin protection, and cancer
Faag	Fruit	Direct use, juice, dry fruit	Cardiac pain, abdominal pain, constipation, and skin infection
Ishpit	Leaves	Powder	Blood pressure, constipation, stomach

			ache, and vegetable
Ispandhur	Leaves, seed	Smoke	For purification purpose
Gasmalee	Seed	Direct	For eyes pain
Danfator	Fruit cover	Powder, mixed with mik	Trouble urinating
Ishkeen	Stem	Powder mixed with milk or egg	Back pain, bone pain
Papra	Flower	Powder mixed with water	For fever
Tashkurooj	Flower	Powder	High fever, flu
Hooman	Seed	Direct, powder	Abdominal pain

Source: primary data

3.12. Field notes and jotting

Field notes were written and jotted down by the researcher during the research field to dedicate the experience and personal level events of the day, and field jotting was also done by the researcher to not lose any type of knowledge during the research process. The researcher took careful note of the participants' daily routines, their specific performance in relation to a position, and events that occurred in the research region. As a result of using these procedures, the researcher was able to acquire valuable and consistent data from participants while conducting the study. The notebook was used to record all of the data and participants in this study.

3.13. Audio recording

The researcher employed the audio recording technique while on the field, while conducting interviews with participants because it is quite difficult to write down everything in detail due to a lack of time. As a result, for the duration of fieldwork, the audio recording technique was used to collect data in a short period of time. Furthermore, the audio recording assisted in covering all testimony and information provided by participants during the interviews.

3.14. Photography

One of the most essential ways in research for collecting information on the spot in fieldwork is photography. During the field work researcher took snap of different ritual ceremonies, and different healing practices using medicinal plants.

3.15. Daily Dairy

It is another significant way that anthropologists use to keep a clear and error-free record while collecting data for research objectives in an unfamiliar community. It's similar to a scientific notebook where a researcher records his or her everyday actions and experiences while conducting research. It's a fun way to express oneself. This aids in the maintenance of a manual data record.

3.16. Report writing

The report writing process began once the data was collected and the condition of the submitted work was assessed. The interviews/responses were first transcribed on an extra sheet, and then the primary themes were designed and transcribed under those themes.

3.17. Confidentiality in research process

There are several ethical considerations in social research that the researcher must keep in mind while performing research or fieldwork. The major ethical principle is to protect and entirely ensure the privacy of respondents' data, and all meetings obtained from respondents will be deficiently classified and only used for educational or research reasons.

The researcher has largely focused on several key ethical concerns or problems that arise during the social research process: to get permission, cheating, secrecy (including secrecy and confidentiality), mental and physical stress, funded research problems, scientific misconduct or dodges, and scientific promotion.

In this case, the researcher has informed the responders that the data would be kept private and will only be used for academic purposes. Second, the researcher has placed the data in a secure location so that no one may utilize it for personal gain.

3.18. Ethical consideration

Ethical consideration is an essential component of any research project. Keeping these ethical concerns in mind is critical during the study process. Before interviewing any members during fieldwork, informed consent was monitored in this study. The researcher has evaluated the study's goals and scope, as well as the data gathering goal. The researcher has assured all participants that the given evidence they provide will be kept completely private and used only for the purposes of the current research project.

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Chapter.04

4. Area Profile

For the purpose of conducting the current study, Jalalabad valley (Gilgit) is selected as the locale.

4.1. Gilgit-Baltistan

Gilgit-Baltistan (GB), originally known as the northern area, is located in Pakistan's extreme north. It borders Azad Kashmir to the south, Afghanistan to the north, KPK to the west, Indian-occupied Kashmir to the east, and China to the northwest.

It is the most diverse area in terms of ethnicity, language, and religion. Gilgit city is the capital, while SKARDU is the largest city; the population is approximately 2.5 million people.

This research has been conducted in Jalalabad valley Gilgit.

Figure 1: location map of area profile



Source: google map

4.2. Jalalabad

Jalalabad is a small village located in east of Gilgit, which is around 20 km away from Gilgit city. The village has 3000 households and approximately 40,000 residents, all residents are Shia Muslims. The Bagrote River is the source of agriculture as it is agricultural land and villages' own powerhouse is the source of electricity. There are two separate high schools for boys and girls and 8 private schools; its literacy rate is 95%

Figure 2: Jalalabad main bazar



Source: picture taken by researcher

4.3. Norms and values

The term “values” and “norms” are frequently interchanged. However, there is a critical distinction to be made between the two conceptions. Values are a broad concept. They serve as the foundation for norms, which are action-guiding rules. Permissions, instructions or directives, and prohibitions are the three types of such rules. Values reveal what individuals and groups consider to be significant. Norms specify what must be done for values to be realized.

As I stated earlier that the residents of Jalalabad valley are Shia Muslims, and every individual is expected to follow the community's norms and beliefs for example; respect for elders and highly respect for religious occasions.

Figure 3: Jamia Masjid Jalalabad & martyr graveyard 1988.



Source: picture taken by researcher

4.4. Lingual diversity in Gilgit Baltistan

Gilgit Baltistan is a religiously, ethnically, and linguistically diverse region. The following are the five major languages that have been spoken in the area.

- Shina
- Burushaski
- Khuwar
- Wakhi
- Balti

These languages are spoken in different areas of Gilgit. In Jalalabad valley entire population speak Shina as Shina is the mother tongue of the inhabitants.

4.5. Culture of Gilgit Baltistan

Culture is “that complex whole which includes knowledge, belief, art, law, morals, custom, and any other experiences and habits acquired by man as a member of society.” (E.B TYLOR)

Gilgit Baltistan is a region in Pakistan that has its own unique identity. It can be prominent by the language, culture, and traditions found there which set it apart from other parts of this country.

4.6. Language

The locals of Gilgit-Baltistan mainly speak five languages. Which is; Shina is spoken in Gilgit city, Ghizer, and lower Hunza, Burushaski is spoken in some parts of ghizer, Nagar and in upper Hunza, khuwar is spoken in some parts of ghizer adjacent to Chitral, wakhi is spoken in upper Hunza, and Balti is spoken in Baltistan.

4.7. Food

The inhabitants of Gilgit Baltistan eat simple and healthy foods. Because of the organic foods the region has the highest age longevity.

The famous traditional foods are:

- Mull (as shown in picture mull is made of wheat flour and mixed with Desi ghee)
- Gooli (a traditional flatbread)
- Shirik (made in special occasions like eid ul fitr)
- Nasalo (dry meat)
- Dirum (a sweet halwa made of wheat flour and eat it with almond oil)

Figure 4: Traditional foods of Gilgit-Baltistan.



Source: picture taken by researcher.

4.8. Dress

Dress patterns are important in every culture around the world. People's clothing is heavily influenced by culture, and dressing is influenced by the climate of the region; if the climate is warm, people wear light and cotton clothing; if the climate is cold, people wear warm clothing. Gilgit-Baltistan is a cold region where people wear warm dresses to keep warm.

Another factor in cultural influence in dressing is religion, as the all inhabitants of my locale are Shia Muslims they dress accordingly, they dress according to their norms and beliefs of the society. Women wear abayas and naqab and long loose clothes while men wear shalwar kameez, few of the traditional dresses are mentioned below.

- Choga (long wollen coat)
- Farati khoi (wollen cap)
- Silsila (jewelry women mostly used on special occasions)

Figure 5: Traditional dress of Gilgit-Baltistan.



Source: picture taken by researcher.

The traditional dresses worn in Gilgit Baltistan is made of woolen. Man wear long woolen coat called “*choga*”, and woolen cap called “*farati koi*” in Shina.

Women wear loose clothes and handmade colorful cap with embroidery on it.

4.9. Health system

The general well-being of a community's residents is referred to as community health. These societies typically share living standards, ethnicities, and health traits in addition to residing in the same place or region.

Some low-income communities, for example, may have high levels of obesity due to a lack of nutritional meals in local grocery stores. In addition, the health facilities in Jalalabad valley is too poor, there is one government hospital and two private clinics.

4.10. Education

Education has a significant role in the development of any community. Every person in society should be educated and trained for employment in the economy,

integrated into society, and taught society's values and ideals. Individuals are socialized through schooling in order to promote social equality and stability. Jalalabad valley has separate high schools for boys and girls and eight private schools and its literacy rate is 85%.

4.11. Weather condition

The weather condition of Jalalabad valley is very cold in winters. Temperature spreads up to (-5 to -10 degrees), while in summer temperature goes (25 to 30 degrees). As it is an agricultural land people most people cultivate wheat, maize, and potatoes on their farms and earn money to fulfill their needs.

4.12. Religious festivals

Religious festivals include:

- Bari Eid (Eid-ul-Adha)
- Choti Eid (Eid-ul-Fitr)
- Eid-e-milaad un NABI (SAW)
- Eid-e-Ghadeer
- 13th -Rajab
- 15th -Shaban
- Eid-e- nawruz

Figure 6: Eid-e-nawruz celebration (dada).



Source: picture taken by researcher

4.13. The pattern of marriages

People follow two types of marriages which are endogamy; marriage within one own family or caste and exogamy (*tomo*) ; marriages out of families and caste (*logo*). People of Gilgit-Baltistan follow both and some educated families prefer love marriages. But mostly appreciate arrange marriages. People in my locale prefer to arrange marriages and endogamy.

4.14. Caste system in Gilgit Baltistan

There are two main castes in Gilgit-Baltistan namely:

Shin and Yashkun.

I will further discuss each briefly.

4.14.1. Shin caste and its origin

Shin caste has known to be originated from, Qureshia, Central Asia. The shin people do not agree with this. According to them they have been originated from Arab and belong to the Quraish tribe.

Their language, their names, and their lineage suggest that they have been originated from Central Asia. Shin people are still found in Central Asia.

The Ukrainian president “Petro Poroshenko”, who served from 2014-19, also visited Pakistan. And the president of Belay Rus, “Alex Lukashenko”.

The castes are usually recognized by the names of people and the languages they speak in Gilgit.

The accent and their names suggest the castes. Looking back to the history, the names of Shin usually had “ko” attached with it.

Sunni and Shia weren't the terms back in the days. Both shin and Yashkun have migrated from Central Asia. Back in the days, they worshipped fire, trees. According to one of the respondents “There's a tree in our village which according to our forefathers was worshipped. They were Hindus and Buddhists. People came from China a few years ago and worshipped the statues that are still found here. Still, statues are found in the walls of old houses”.

Islam came after a long time. In the reign of Suu Malik (the king of Gilgit), Syed Shah Afzal came from Iran. Suu Malik and his followers accepted Islam and that's how it spread. Probably, in 725 hijri. Shin caste accepted Islam at last.

The Shins of the eastern part of Kohistan are geographically, by kinship, by tradition, language and culture are related to the Shins of Chilas, Gilgit, Astor, Darel, Tangir, Haramosh, Bagrote, Gultari, Gurez, Dras, Soro and Baltistan. It is unanimously believed that these people came from Central Asia via Khyber to Pakhli above Darband and to Siran and then to Kohistan. Their initial inhabitation was the area between Kohistan and Chilas upward beyond Darband and Siran valley. Their migration to Kashmir and Ladakh continued from two directions. One from Pakhli and Siran valley via Muzaffarabad and, two further north from current Kohistan and towards Jammu and Ladakh.

Sub-divisions

- The (shin) darma / daram khel

- Boto (khuka tribe of shin): This tribe is known as BOTO in Chilas and Boto in Jalkot and palas
- Khuka and manka : These both are the old residents of Kohistan. They are in majority in Jalkot and Kolai while their population in Palas is one fourth. Until 1500 A.D the Khuka and Manka of all three valleys were united.
- Maloe: These people are found in Bonji, Astor and Gilgit areas.
- The Shins of Darel
- The Shins of Tagir or Tangir
- The Shins of Sazin
- The Shins of Harban
- The Shins of Basha
- The Shins of Thor

Occupation

The main occupation of Shin caste is in Agriculture. They were most famous in wood work. There are some things of them that were famous are listed below;

- Shinni hai (Scale; weighing machine)
- Shinni khapai (spoon)
- Shini Gudur (plate)
- Shino hal (instrument for ploughing the fields)
- Shino Rako (room of wood)

Interaction with other castes

SHIN and YASHKUN'S relations weren't good from the beginning. They don't marry their daughters in the other castes and consider it a matter of ego and self-respect.

There have been many clashes between the two castes. They avoid sitting in the same gathering.

There are some political and personal issues as well. They have many disputes over land. There are some political and personal issues as well. They have many disputes over land businesses.

Festivals

Shin caste includes both Sunni and Shia but have the same festivals.

- Nasalo festivals (This festival has been a very prominent festival from British reign.

In it meat is dried and salt is added in it and is cut into small pieces and is made in sausages by adding peppers).

- Polo festivals.
- Shaap: (All the boys from the neighbourhood gather and go into houses of the neighbors and call them by names and give prayers and the neighbors give those dry fruits, meat and money and then they eat the meal together).
- Nawroz festival: (People make dinner and sweet dishes and invite other people over).
- Ganoni: It is a harvest festival.
- Cherry blossom festival.

Religious festivals

The religious festivals include;

- Eid ul fiter
- Eid ul adha
- Youm-e-ashura

- Eid e melad un Nabi
- Jashn e Ramzan
- Shab e mairaj
- Shab e Qadar

4.14.2. Yashkun and its origin

There are two dominant ethnicities in Gilgit-baltistan “Shin” and “Yashkun” We’re from “Yashkun” ethnicity. Our ancestors migrated from a desputed territory “Chechnya”, A 100 years long and deadly

Famine was the reason of their migration.

The names of the famous tribes of YASHKUN in East Asia are;

- Sirga yashkun tribe
- Zaibak yashkun tribe
- Golpong yashkun tribe

The name of the Chairman of central Asia sixteen countries federation is “Duma sirgana yashkun”

It is widely assumed that the Yashkun are linked to the Aryans. They made their way to Northern Pakistan via the Hindu Kush. they are the dominant In Gilgit, Puniyal, Raushan, Hakis, Sumal, Gupis, Phandar, Yasin, Ishkoman, and Chitral, Cshilas, Astor, Gurez, Dras, Gultari, Talil, bagrote, haramosh, Danyore, Jalalabad and in Kohistan.

Rono is, in fact, Yashkun. The terms Gushpoor and Rono are used to describe their social level in relation to their mother. Gushpoor were the sons born to the Raja's wife from the Raja's own kin-ship, whereas Rono were the sons born to the Raja's wife from the Raja's own kin-ship.

Yashkun is a large community with infinite resources that stretches from Northern Pakistan to Chitral, and the law and order situation has deteriorated.

Burusho

The people that speak Burushaski language are called Burusho. They mostly live in Nagar and Hunza. They are all Yashkun.

Sub divisions of yashkun caste include:

- Masing: people who live in ghizer
- Yashkuns of bagrote (bagoro)
- Yashkuns of chilas
- The Hunza people, or Hunzakuts

Mostly, Yashkuns speak shina. The yashkuns of Baltistan also speak shina but with a different accent.

The Yashkuns of Nagar and Hunza however, speak Burushaski.

The main occupation of Yashkuns is also Agriculture. In the past, Yashkuns had their local industries where they used to make the below mentioned things and women also contributed their part in the industries.

- Woolen long coats (shoka)
- Woolen carpet (sharma)
- Woolen cap (farati khoi)
- Woolen blankets (khon)
- At that time the concept of money wasn't in existence. Barter system was in use between different castes. The ratios were as follows;
- 40 kg potato in exchange of 1 kg Ghee
- 40 kg Corn in exchange of 1 kg Ghee.

Festivals

All the festivals of Yashkuns are same as shins except for one additional festival that was celebrated by Yashkuns.

Talany Festival

They had a ruthless king named “Sherbadat”. When he died, people used to bring fire from their homes and used to put it on his grave to celebrate his death. Only Yashkuns used to celebrate it.

Interaction with other castes

Yashkuns did not allow marriages in other caste. They only allowed marriages in their own caste i.e. Yashkuns. As discussed earlier, Yashkuns and Shins were never at good terms and had clashes over land buisness and almost everything.

Other castes

Apart from Shin and Yaskuns, there are three other castes that are found in Gilgit-Baltistan namely;

- KASHMIRI (Kashero)
- DOM
- KARMIN

Kashmiri (kashero)

The king of Gilgit, son of Late king Suu Malik, called over 100 men by talking to the Kashmiri King, “Shamira”, for the cultivation of rice.

Later they settled here by marrying in their castes and are now a part of Gilgit community. Kashero celebrates the same festivals as the other castes and are both Sunni and Shia.

DOM CASTE

The people of Dom caste have also been migrated from Central Asia.

Their main occupation was beating drum. At that time people used to work together so, usually at the time of harvest they were invited to celebrate it by beating drum. They were also an important part of the wedding for beating drum and for carrying bride's luggage to the groom's house. In return they were given some money. If they deny to come to ceremonies they were fined by people. People punished them by going to their houses and eating away their cattle.

The people of Dom caste are very few in number. So, they are considered as a lower caste and they aren't allowed to marry in other castes. I interviewed a barber of Dom caste. He said that he used to like a girl from shin caste. He asked her parents for her hand but he was refused because according to them he was of lower caste.

KARMIN CASTE

Karmin caste people also came from Central Asia. They are also very few in number. These people used to do steel work like making steel cutlery, steel axes and other things of use that were made of steel. They are also considered as a lower caste and aren't allowed to marry in other casts. They are both Sunni and Shia.

Chapter. 05

5. Local's perception regarding traditional plants

Many people all across the world still favor using traditional remedies to treat a variety of health conditions, despite substantial breakthroughs in modern medicine. As a result of recent developments in acceptance in the West, traditional medicines are anticipated to become a "permanent element of the cultural landscape." (p.49 Douglas, 1996). The growing demand for and use of conventional medicine has been the subject of extensive social science studies. This advancement has been ascribed to a number of things, such as patient discontent with contemporary medicine, a need for a practical solution that is worth the patient's experience, and the advent of "smart patrons" seeking empowerment through active healthcare decision-making. Numerous reports indicate that traditional medicine is a significant and expanding component of healthcare practises (Kuhn, 1999).

It has been stated that, in addition to scientific medicine, traditional medicine provides health care coverage to 65-85 percent of the worldwide people in both developed and developing nations. According to a recent World Health Organization report, traditional medicine is used by 75% of the French, 30% of the Vietnamese, and 40% of the Indonesians (WHO, 2009).

A framework for health care conceptualizes sicknesses as a social maxim, linking beliefs about how diseases are caused, how symptoms are felt, how treatment options are chosen, and how therapeutic activities are actually carried out. (Klein Mann, 1978). It is generally accepted that it works best for treating chronic illnesses like sinusitis, arthritis, asthma, rheumatism, liver issues, and ailments of the neurological and digestive systems. (Wangchuk , 2006).

5.1. Traditional Importance

Whether they are used by traditional practitioners, religious healers, or folk healers, medicinal plants are regarded as a reliable source of health treatment (like Ayurveda in the Indian medical system). In addition, medicinal plants are essential

to the growth of human cultures all across the world. It is the source of the community's interconnection, and it's a low-budget treatment that everybody can afford. The term "medicinal plants" and other various plants are used for medicinal purposes. Herbology, sometimes known as "herbal medicine," is the study of medicinal plants or the use of plants for therapeutic purposes. The Latin word "herba" and the French word "herbe" are the origins of the word "herb," which nowadays is used to describe a variety of plant parts, including leaves, stems, fruits, flowers, fruit covers, roots, and non-woody plants. These plants are also used for several purposes like food, medicines, healings, rituals, etc. Long before the prehistoric era, people utilized plants for a variety of purposes. The use of medicinal plants was described in India Ayurveda practitioners, the Unani medical system, Egyptian papyrus have all used medicinal plants for over 4000 years. The evidence is written in Ayurveda and Chinese and Rome medical system shows that they have used plants as a medical system.

Traditional medical systems are still used in the modern era for various reasons. First of all the human population grows rapidly, as Pakistan is a developing country where everybody doesn't have easy access to modern medicines, and secondly, modern medicine has side effects so, people prefer ethno medicines as it is cheaper than modern medicines.

Recently world health organization (WHO) has conducted research worldwide, The WHO estimates that 21,000 plant species are utilized as medicinal plants, and research indicates that almost 80% of the population uses them in their primary healthcare system.

5.2. Local perception regarding traditional medicines

In this study, the researcher investigated the local perception regarding the uses of medicinal plants; it has been found that people are much interested in traditional medical treatments. Different Medicinal plants are used for various purposes. The researcher investigated that mostly old people know the uses of medicinal plants

because nowadays people converted to modern medicine and the young generation is shifted from traditional medicine to modern medicine.

As per the respondents, the traditional medicines are herbal and they have no after effects, according to them these medicines are prepared from natural herbs and if it does not treat the ailment it does not even have any side effects on other parts of the body. This is the best thing not to have any side effect on any other part of the body. According to Sabir Hussain age 45 years old, he discussed that

"It's full of natural way of treatment; one can't experience the heat in the liver with this medication."

As described by another respondent, Z of 35 years it was commented that;

"These medicines are comprised of natural herbs, which don't have any aftereffects, it takes time to heal from traditional medicines but it's totally harmless".

The viewpoints and opinions expressed by the in-depth interview participants suggest that traditional medicine plays a significant role in medical practices. Despite the fact that treating the sickness requires a lot of patience and time, people still have trust in it. Another respondent, Rashid 33 years of age commented that

"I feel that it's a proper treatment because it's a naturalistic way to cure illness, I also feel like if I did not use traditional medicines, I would have died. This is such good treatment and has no after-effects; I am feeling satisfied with this treatment".

As described by Tahira begum 58 years old it has been stated that

"Traditional plants treatments are harmless, although it takes time to recover the ailment. I am using herbal medicines for a long. For me, it has been a natural treatment".

5.2.1. Case study 1

Mr. Suleiman is a 35-year-old father of two sons whose wife died three years ago. He is presently living with his father and mother. He works as a security guard in a bank. His wife, he claims, died as a result of the side effects of the medications she was taking to treat her digestive problems. She was being treated at the DHQ hospital in Gilgit. Those medications had negative effects on her liver, causing it to stop working, causing water retention in her lungs. According to him, he believes in the traditional healing system because the medications used by a skilled traditional healer have no negative effects. These, he claims, are natural remedies that do not cause harm to other human parts. He further added that he has been using *peganum harmala* (makhoti funar) for different diseases. The procedure is time-consuming, yet it is completely natural. The herbal treatment contains excellent natural medicines that have a number of beneficial benefits on the ailment. Because it is a natural treatment, it takes longer. If his wife had accepted this treatment, he believes she would still be alive today.

Figure 7: Peganum Harmala (makhoti funar).



Source: picture taken by researcher

5.3. Traditional medicines are an essential resource for treating a variety of illnesses.

People believe traditional medicines are effective for treating a variety of illnesses, according to studies. Such medicines are also very helpful in treating diseases like sinusitis, arthritis, asthma, rheumatism, liver problems, and also diseases that are

connected to the digestive and nervous systems. (Wangchuk, 2006). A female interviewee addressed

“It is not only doctor’s medicine that is effective for treating ailments as most people think but in fact, it is a complete and effective treatment”.

According to a male interviewee

“I had always trusted this sort of treatment, up till now I have not taken any medicine from any medical doctor. This is the best treatment which proves very beneficial for every illness”.

According to 42 years old male respondent.

“This mode of treatment is better and very beneficial for treating illnesses like joints pain or liver problems than the contemporary treatment conditions”.

5.3.1. Case study 2

Upon interviewing a 35-year-old female respondent whose name is Ms. Noor Jahan, and who has 2 children she argued that her family is addicted to herbal treatment because these are purely organic and taken out of plants. She further argued that her son was suffering from constipation for the past 6 months, none of the medicine proved effective. But then a miracle happened when she consulted a *Hakeem* who gave some purely natural medicines named *taraxacum officinale* (ishikinache) to her which started working within a short duration of 2 days. She asked these medicines are light in nature with no side effects and are not fatal at all.

Figure 8: *Taraxacum officinale* (ishikinache).



SOURCE: picture taken by researcher

5.4. Medicinal plants and the link with tradition and religion

According to the findings of the research, which included focus group discussions and in-depth interviews, people regard this treatment as traditional and religious in nature. It has additionally been figured out that individuals of more age generally have this view regarding the natural method of treatment. One of my male respondents Akhon fazal of 75 years of age discussed that

“We previously had no other options, as natural medicines and local health care practices were the primary sources of treatment for any medical issue. However, I am still looking for treatments from hakims because it is established in our religion as well.”

And another respondent HAJI EID ALI 62 year old stated

“I personally have a strong believe in this method of treatment since it's a centuries-old Method of treatment when no alternate method of treatment was accessible. For example, if we look into tib-e-nabwi (SWA) we will figure out that our Holy Prophet (P.B.U.H) HE also was involved in natural ways for the

treatment. What's more, this is also a characteristic method of treatment”.

5.4.1. Case study 3

Mr. Faheem is a 72-year-old man who lives with his son and is a retired government peon. Traditional medicine, he claims, is the best medication since it can treat anything. Allopathic drugs cause him severe adverse reactions. He claims that every time he takes contemporary drugs for anything, it causes him to get a headache. He holds traditional healing procedures and medicines in high regard. Because these drugs include cold humors, they should be used with caution. Also, don't overheat the liver or stomach. This, he believes, is the finest method of receiving therapy for any condition, and it is a cultural inheritance. It is a centuries-old healing method that is also tied to our religion.

5.5. Traditional uses of plants for purification purposes

The study reveals that traditional plants are also used for purification purposes. Those plants have high cultural importance in the area. For the purification purpose (isbandur) smoke is used, isbandur is burned and smoked in the whole house for the purpose of incense, especially for newborn babies. Women's use isbandur smoke for newborn babies every morning for the purpose of purification from evil eyes or dirty environment. Isbandur smoke is also used on special religious days like shah-e-Barat and Shab-e-qadar for purification. According to respondents. One of my female respondent's zainab age 48 she discusses that;

“NAZAR is a thing in our society. So, I used peganum harmala (isbandur) smoke every day for the purpose of purification and to avoid evil eyes and to avoid a dirty environment for my child. My mother-in-law told me about this purpose, from that day I am using it and I have a strong believe in it”.

Figure 9: *peganum harmala (ispandur)*.



Source: picture taken by researcher

5.6. Traditional healing and the Duration for Cure

Study results show that it has also been figured out that individuals consider this treatment is a tedious and lengthy process of curing health. Despite the fact that it's time consuming but individuals actually have confidence in this technique for treatment. One of my respondents Yasir, 23 years of age said that;

“Even though it takes a long time to take effect but at least I believed that it has no side effects and I feel gradually better”.

Another female respondent Sana 27 years old, describe that

“I am using herbal plants oil for hair and makeup for a long time, and I am satisfied with it, and I believe in a gradual change”.

According to another male respondent of age 45 years

“I am in bed rest for the past 2 years having joints pain, I got admitted to the hospital, but doctors said that it's too late to treat because it's kind of disease that I haven't been treated at a local hospital, and I did not have that much money to go to a better hospital, then I heard about a HAKEEM in the area then

he gave me herbal medicines. Now I am feeling better Alhamdulillah. Healing from medicinal plants is time taking but it proved to be more effective than I thought”.

As per above response, I found that herbal treatment is time-consuming, but more people believed in it and satisfied with the consequences. Another respondent 46 years old female describe that;

“It is very time consuming; one must be calm and be patient, and it eliminates the disease from the root. Although, scientific medicines treat one illness instantly and welcome 100 other diseases”.

As per the above responses, I found that treatment from medicinal plants is time-consuming, but people prefer traditional healing rather than allopathic treatment.

Figure 10: Berberis Lycium Royale (ishkeen).



Source: picture taken by researcher

5.7. Traditional medicines and development

Results of the study that individuals think of this treatment as lack of appropriate facilities. There should be given more importance to the traditional medical system. This way of treatment is a very helpful way of treatment but there are some disadvantages as well. There are some advantages and some disadvantages as well.

Though, there is lack of enough facilities even then it is a very effective treatment facility. According to a male respondent of age 24 years old it has been remarked that

“Although it is a good way of treatment but there are lack of basic facilities”.

Another male respondent aged 24 years discussed that

“I personally believe in this way of treatment, as per I know there is lack of development in this field, there should have permanent jobs for Hakeem’s, it complete way of treatment, but there are lack of some facilities, which should be there, and I have faith in this way of treatment.

5.7.1. Case study 4

Ms. Z is a 27-year-old mother of two daughters who works as a teacher in a nearby school in Gilgit. Her husband works as a clerk in a nearby office. Traditional medicine, she claims, is a reliable treatment since it is a centuries-old treatment that was the only option when no alternative treatment was available. Diseases have evolved over time, but the medication has remained the same. It is a time-consuming and lengthy treatment method, making it unreliable in an emergency. It also lacks adequate surgical facilities and timely treatment. On both therapies, I am convinced. Both the ancient and modern healing systems are used. It is a low-cost treatment that does not necessitate a lot of money. We are looking for both therapies. We go to the hospital if we require care right away and in an emergency. And if we don't have a pressing need to treat an ailment, we turn to traditional medicine.

5.8. Cost of the treatment

As per the respondents of the exploration, it has additionally been denoted that individual see this method of treatment as an inexpensive method of treatment that's why so many people in the area choose this treatment. As per a female respondent of 28 years of age, it has been said that;

“This method of treatment consumes additional time yet doesn't consume more cash”.

As per another respondent male 58 years of age

“This treatment is awesome and an inexpensive treatment”.

As per another female respondent 35 years of age, it has been marked that

“I belong to a poor family, and this treatment is helpful for needy people, we can't manage the cost of the other methods of treatment, we seek this treatment. Basically, we don't feel terrible that we can't look for any treatment”.

Figure 11: saffron (pong).



Source: picture taken by researcher

5.9. Traditional treatment and the cure

As indicated by the respondents of the exploration it has additionally been named as the method of treatment which can't fix every one of the illnesses yet just certain infections which individuals consider its negative point. Various respondents had various perspectives with respect to this. According to a male respondent 45 years of age, he discussed that

“I have confidence in the modern method of treatment as well as the traditional method of treatment, as the traditional practice is an extremely old method of treatment at that time, we didn't have a modern method of treatment accessible in our area, even today individuals trust in this method of treatment, but it doesn't cure all the illnesses as the western method of treatment has the cure for each sickness”.

One more female respondent of 47 years of age says that

“This method of treatment does not have a cure for some sicknesses, and there are a few diseases of which this method of treatment has no cure, In the past, the death rate was high because a result of the absence of modern technologies and they used to look for the traditional method of treatment, Now individuals have the substitutes, if don't get benefited with the traditional method of treatment, they look for the other treatment, If that doesn't work then this treatment, individuals wanted to get well, health is a gift, Now the death rate of individuals has become so low since they have modern methods of treatment and this is an old method of treatment.”

Many individuals trust conventional medication and seek treatment from it. The addition of society medication or conventional recuperating in the medical services framework gives elective decisions to the patients. In numerous nations, conventional recuperating is additionally generally viewed as an image of social legacy that needs insurance and further promotion (Lhamo, 2011).

5.10. Traditional medicines and the research evidence

As indicated by a couple of respondents generally of more young age and the people who are high at the education status, the traditional medicine has been set apart as lacking the research proof like modern medicine. A female respondent samara 27 years of age commented that;

“This is an old method of treatment, diseases themselves have their own new kinds, as the world is developing, similarly, the ways of the diseases and ailment also have different varieties, modern method of treatment is extremely advanced in their research, they make a medicine depending on the kind of a disease or ailment, this is an old method of treatment, when no substitute was free around then this method of treatment was valuable but it needs new research and evidence, everything is old, the world is developed a lot.”

As discussed by sajid 32 years of age respondent it is commented that

“There Is no doubt in this that it's a years of age and a confirmed method of treatment , few years ago individuals used to go to only herbalists , however as the world is developing, peoples' perspective has changed, many people actually depend on this method of treatment, for instance if people don't get benefited with this treatment, they look for another method of treatment, If they are not benefited with that treatment, individuals look for treatment from a hakim, I don't say that this treatment isn't right, various famous hakims are present in the world , however, they had a great view of research, the world has changed now, ways have changed also, yet the medicine of hakim is as yet unchanged as it was years prior. There is an absence of new research in this, the world is advancing each second, there is research continuing new medicines consistently. This method of treatment is right, yet it has gone downhill, kinds of illnesses have changed yet their research is yet unchanged”.

As indicated by a respondent male 45 years of age it is commented as

“I have confidence in present day method of treatment as well as conventional method of treatment, this is an extremely old

method of treatment, since we didn't have current method of treatment accessible in our nation, even today individuals put stock in this method of treatment, yet it doesn't fix every one of the diseases as the western method of treatment has the answer for each sickness”

One more respondent female of 47 years of age commented that

“This method of treatment has many has a treatment for some sicknesses , and there are a few diseases of which this method of therapy has no fix , In the advanced age , death rate was high a result of the absence of the cutting edge offices and they used to look for the customary method of therapy , Now individuals have the substitutes , if don't get benefited with this method of therapy , they look for the other therapy , If that doesn't work then this therapy , individuals endeavor a ton to acquire wellbeing , wellbeing is a gift , Now the death pace of individuals has become so low since they have current methods of therapy and this is an old method of therapy”.

As per above responses shows, there are much research required in the field of traditional medical practices, as the world of scientific medicines is developing day by day new kind of diseases emerge. Importance should be given to ethnobotanical plants and research should be conducted in the field of natural healing using medicinal plants.

Many individuals trust conventional medication and seek after treatment from it. The addition of society medication or conventional recuperating in the medical services framework gives elective decisions to the patients. In numerous nations, conventional recuperating is additionally generally viewed as an image of social legacy that needs insurance and further promotion (Lhamo, 2011).

Chapter.06

6. Socioeconomic determinants of traditional medicine

Health is influenced not just by natural elements, but also by the social and cultural milieu. Several studies have established this link. Some socioeconomic factors, such as income or deprivation, occupation, status, social network, and so on, have a significant impact on a community's health behavior. Social determinants of health influence health at multiple levels throughout one's life. For example, a person's money has a variety of effects on their health. This influence may arise and interact with one another to result in a state of health. Furthermore, numerous social and cultural elements have separate effects on an individual's health at various periods of life. Each socioeconomic factor has a different effect on a person's health behavior. Medical sociologists believe that social factors influence the onset of disease/illness and the sort of therapy received. Individuals are also at danger of developing unhealthy habits because of poor cleanliness, poor food quality, and other factors that may play a key part in the start of certain diseases. During a disease, social determinants will influence the health-care system chosen (Ayurvedic, Western, etc.).

The acceptance or rejection of any medical system is determined by its rate of success, care, shaping behavior, and other critical factors (Blaxter, 1982). Because India is divided into urban, cultural, and rural regions, social determinant variables have different effects on different segments of society, as it has marginalized classes such as Coastal states, Scheduled castes, and backward classes. People in rural areas are more vulnerable to a variety of ailments. Factors such as socioeconomic status, remote areas, money, training, and profession will all have an impact on health culture. According to the study's findings, ethno medicine is influenced by a variety of socioeconomic factors. The socioeconomic determinants are as follows.

6.1. Social hierarchy and income

According to the findings of the study, a person's health status and the type of treatment they seek are highly influenced by social hierarchy and income. Poverty is well acknowledged to play a significant effect in defining a community's health state. It could be of the rural, urban, or ethnic variety. Poverty is associated with, among other things, unsanitary housing, poor nutrition, and an increased risk of illness. Poverty has a long-term influence on every community, especially the most vulnerable and poor. As per respondent Akbar 35 years old, discussed that

“We don't have enough money to pay for a doctor because we are poor, so we go to a hakim”.

The best approach to measure poverty might be to take into account one's health. According to experts, increasing health spending both raises the poverty rate and improves community health. Poverty has a wide range of aspects. Poor health is a result of inadequate housing, inadequate diet, unemployment, and meagre money. As a result, there is a higher chance of acquiring depression, anxiety, or any other chronic illness. Poor people may put off going to the doctor unless they have a serious sickness due to their situation. He or she will initially try either self-medication or local traditional medicine. Due to financial hardship, patients occasionally buy prescription drugs from medical stores without a prescription. (Nanjunda,2013).

The study's findings also show. Poverty and health have both direct and indirect effects on one another, according to a 2005 human development study. According to poor sociologists, poor people frequently blame illness and disease on fate, hunger, discomfort, fear, and other emotions. Children and elderly members of the family are disproportionately affected by poverty, which not only affects adults but also has a negative impact on their health. According to a 28-year-old female respondent,

“Both our elderly parents and our children live in our home, and they are frequently ill. We don't have enough money to pay

for their medication and treatment, so we go to a local hakim, which works sometimes sometimes doesn't work”.

The study's findings also demonstrate that low-income people only seek medical care from conventional doctors and public hospitals because they lack the resources to access modern medical facilities or highly trained specialists who can provide early diagnoses. Poor people are unable to access the private hospitals and clinics that offer top-notch medical care. It was noted by one of the 50-year-old female respondents.

“We can only go to a hakim or a government hospital due to a lack of funds; yet, we can afford any other private facility”.

According to other studies, it is believed that because of poverty, some children are unable to attend school, and as a result, children and parents are unaware of simple day-to-day health issues. Poverty has an impact not only on physical health but also on mental health (Gupta, 2007). The research's conclusions are in line with those of past investigations. Poverty-related stress might even motivate someone to commit crimes against society. Poverty-related stress leads to deep melancholy and low self-esteem, both of which have an effect on one's mental health (Jill, 2009). According to one of my male respondent M.Ishaq age 29 years old described that

“We can't afford to send our children to school because we don't have a good income source, so how can we afford a private doctor? We only seek help from a nearby Hakeem. Children don't even know the basic rules of health, which is why they get sick more frequently”.

According to a woman who took part in the survey,

“Good earnings contribute to a better life, and a better life leads to greater health”.

Another respondent Haider abbas age 38 discussed that

“Herbal treatment is a good treatment and individuals who do not have enough money to pay for it can benefit from it”.

6.1.1. Case Study 5

Mr. sagheer Hussain is a man in his fifties. He has had hepatitis C for the past three years. He works for the government as a peon. He has two boys and one daughter to his name. When he was originally diagnosed with his ailment, he turned to his organization for help. Then he went to CMH Rawalpindi for treatment (combined military hospital). It was a costly procedure. His results were negative, and it recurred after a few months, but this time he didn't want to go through the intense procedure again. He began the herbal treatment after consulting with a couple of his friends and family members. This treatment, he claims, is for everyone. This medication has no negative effects, whether affluent or poor, like the shots he had previously. He likes this medication because it is less expensive and has no side effects on other sections of his body. He is unsure if he will tolerate this treatment, but he believes it is a better option.

Figure 12: anaphalis nepalensis (chikee).



Source: picture taken by researcher

6.1.2. Case Study 6

Ms. S is 48 years old and the mother of three sons. She has rheumatoid arthritis, hepatitis C, and other issues relating to her reproductive organs. Her spouse works as a clerk for a government agency and drives his own taxi in his spare time. She claims that because of her husband's job, she is entitled to treatment at any government hospital. She has been undergoing treatment for her different difficulties for the past 9 years. Despite the fact that she is an entitled patient, she is responsible for purchasing her own medications, which are expensive. She has been seeing different *Hakeem*'s for the past three years; according to her, whoever tells her about a *Hakeem*, she goes to him for treatment; sometimes the drugs work, and sometimes they don't. Getting treatment from a *Hakeem*, she claims, takes time, but she cannot buy contemporary drugs since they are sometimes prohibitively expensive. She prefers the treatment she receives from the *Hakeems* to the treatment she receives from the west because the medicines she takes for her joint pain or other problems have an effect on her liver and cause heat in her body, which she finds bothersome at times, whereas the medicines she receives from the *Hakeem*'s do not cause heat in her body. Her monthly budget is not burdened by the medicines she receives from the hakims because they are quite inexpensive.

6.2. Role of Education

The study's findings show a strong link between health and academic achievement. According to the findings, educational status has an impact either directly or indirectly on health. It demonstrates how a lack of education affects risky health behaviors. Education is an ironic factor in improving health status. The study establishes a link between a healthy lifestyle and higher levels of education. It has been discovered that there is a link between educational attainment and a healthy lifestyle. There is a link between academic achievement and health, according to research. b. The relationship between inherited traits and educational attainment. Education level leads to improved health literacy. Education experts recognized the importance of providing preschool instruction because it will improve the health of both children and family members. It has been discovered that those with higher

levels of education have better physical and mental health and spend less on their health than those with lower levels of education. According to one of my respondents Awais mir, who is 58 years old, says

“We are illiterate; therefore we don't go to doctors and instead go to a neighboring Hakeem for a quick recovery”.

The findings show a high correlation between poor psychological function and low levels of schooling. According to certain studies, low levels of education are also linked to unhealthy habits, poor biological circumstances, and non-scientific health practices. Interestingly, persons with higher levels of education who had bad habits in the past adjusted their lifestyles in anticipation of better future healthcare. Since education is a key factor in health care, those with lower levels of education typically have shorter life expectancies than those with higher levels of education. Additionally, those with poor levels of education exhibit a high level of crime and violence. Obviously, having more education increases income, enabling access to high-quality healthcare.

If a person is educated, he can treat himself well; educated individuals are more knowledgeable about health and will seek better care; in my opinion, people who are less educated seek therapy at *Hakeem*.

Education is closely related to income and occupation as influencing factors on health. Finally, education is critical for improving one's healthy lifestyle. Because of increased education, family members can adopt healthy habits and spend less money on healthcare (Milburn, 1994).

6.3. Individual health practices and survival skills

Human health and well-being are influenced by a wide range of elements, and there are many different ways to define them, from the straightforward absence of observable sickness to a more spiritual idea of social and physical realization. Irrespective of how we define success, decades of studies indicate that a variety of factors interact and have an impact on the state of the human race. There are several health factors recognized by the Public Health Agency of Canada, with "personal

health practices and surviving skills" being one of them. This determinant essentially addresses the nebulous concept of "lifestyle" as well as the social and environmental variables that influence it. One could contend that a healthy person must be self-sufficient, able to handle difficulties, find solutions, practice self-care, and make decisions that are beneficial to their health. Stress, culture, social interactions, a sense of control, and so-called life skills can all have an impact on one's health through interacting with habits (Haywood, 2014).

6.4. Society's role & support

The research's findings indicate that social relationships, which are an important key social determinant of health, are the main and most important social determinant of ethno medicine. Society's supports give an individual affection, feelings, and attachments in addition to material resources. Most people will typically acquire social support through their established social network. According to a 38-year-old female respondent

"One of my very close friends urged me to have the treatment from a hakim because her personal experience was really excellent and pleasant; therefore she compelled me to do it."

A social network can provide vital information about a healthy lifestyle or hospital care. According to studies, having a strong social network has a positive impact on both physical and mental health. Social networks predict the risk of all causes and cause specific health disorders. Social networks have a history of providing good mental health care to rural residents. Social networks and social support have also aided in the survival of some major illnesses. It has been noted, according to a 55-year-old male respondent, that

"Some epidemiologists believe that certain infectious diseases can be prevented through social interactions. On the other hand, a large social network may actually be harmful to one's health. On occasion, people might use social networks to engage in harmful behavior. Additionally, the relationship

between social support and environmental interactions is the subject of relatively few studies”.

According to a 34-year-old female respondent:

“For the past 5 years, I've been suffering with arthritis. I went to the doctor for treatment at first, but it didn't help, so one of my friends told me about a reputable Hakeem, and I went to him for treatment. His method of treatment was slow but effective, and after some time, I was able to get better”.

After hearing about another orthopedic physician from a friend, I began seeing him for treatment, but it has yet to take impact.

The research's findings have also revealed that social capital can be created by combining support and social networks. The social capital system can be used by community members to better meet their health needs. Additionally, research has shown a strong correlation between social capital, health outcomes, and social and economic characteristics of communities. Also demonstrated is the link between juvenile mental health difficulties and social network withdrawal. Understanding sociocultural factors influencing medical pluralism and health seeking behaviors in rural areas has proven helpful. Giving cultural details, for instance, when local NGOs are planning. People can receive practical assistance, moral support, and informational assistance through social networks and support to protect themselves against both immediate and long-term problems.

6.4.1. Case Study 7

Mr. sharafat is a cab driver who is 55 years old. He comes from a lower-middle-class background and is part of a joint family. His father is in charge of the entire household budget. He also contributes to the cost of living. He has been suffering with tuberculosis for the past five years. He initially sought western treatment, but after experiencing the negative side effects of those medications, some of his

relatives persuaded him to pursue herbal treatment, which is more effective and has no adverse effects. He then went to a *Hakeem* in the area (chaloo khan) and continued to take the remedies. This, he claims, is a better way of treatment because it has no adverse effects and natural medications help him recover faster than western pharmaceuticals.

6.4.2. Case Study 8

Ms. A is a 46-year-old widow who has been widowed for four years. She has four daughters and two sons. She is a member of a joint family. She suffers from asthma. She has been dealing with this issue for the past seven years. When her spouse was alive, she used to get therapy from the doctor. She had to deal with numerous financial problems after her spouse died. Despite the fact that she lives in a mixed household, she receives no financial assistance from others. To provide for her children, she must work. She is employed as a maid at a local elementary school. Her financial situation is precarious. Her relatives took her to a *Hakeem* for treatment when her husband died. This treatment, she claims, is significantly less expensive than a private doctor's treatment, but it is also much more time consuming and lengthy. The drug becomes effective at times and does not work at all at other times. She claims that she is only obligated to undergo this treatment as a result of her financial situation and societal pressure. If she had the money to pursue alternative options for treatment. She would never have modified the therapeutic method.

6.4.3. Case Study 9

Mr. safdar and his wife, Ms. z, are married. They've been married for five years. They don't have any children, and they claim they were unconcerned for the two years at initially. However, they began to be concerned, and those around them began to inquire about their lack of a child. Then they began to seek treatment for themselves. They were unresponsive to medical care. They had no idea who the

issue was with. The relatives' social pressure was continually mounting on them. They sought the help of a *Hakeem* in Gilgit city (Sardar Khan Lala), and he began treating them, but nothing happened. Their relatives keep sending them to different *Hakeems* and they go.

According to the lady, none of us have an issue, but we may not be fortunate enough to have a child. For decades, researchers have studied the relationship between various socioeconomic variables and health in a changing society. The three primary indices of a healthy society are found to be education, poverty, and income. However, each signal has a particular method of action when it comes to health issues. Health socio-economic characteristics are diverse, different, and dynamic across ethnic communities and for a wide range of health policies. These social characteristics are quite important. We can also improve our understanding of how local culture shapes biological pathways for specific health conditions by using these characteristics. Recognizing the importance of social and cultural factors.

6.5. Gender role

The study's findings also indicate that the style of treatment is influenced by sex. Socioeconomic status has a direct impact on health. Another element that mediates the link between gender and health is the socioeconomic one. Gender variations in health status throughout life are a result of men and women having different socioeconomic experiences in terms of labor force participation, economic freedom, domestic duties, and other areas. According to a 41-year-old female respondent

"I've had an intestinal problem for a few years, I've had a lot of treatment from the doctor but it hasn't worked," "Somebody has told me about a hakim who has a remedy for this problem, but my husband won't agree to that because he doesn't want me to tell my problem to any other man," "Somebody has told me about a hakim who has a remedy for this".

Health disparities are mostly driven by gender differences in access to social resources. Different social vulnerabilities have an impact on the gender health gap.

We shed light on how men and women age well by concentrating on gender disparities in the impact of social variables on later-life health (Prus, 2015).

According to a 55-year-old male respondent, the following:

“We seek treatment from both a doctor and a hakim; we have no objections to either, but we do not allow the female members of our family to visit any male doctor; we do not object to them receiving treatment, but we do not want them discussing their problems with any other male doctor”. Another respondent, a 35-year-old woman, stated that

“Being a woman is such a dilemma; we are unable to seek various life amenities, including good medical treatment. Even in this day and age, there is such a pervasive gender bias that women are unable to seek treatment based on their own preferences”.

It was stated by a 66-year-old male respondent that

“Women and men should be treated equally; women are no less powerful or driven than men; they should have access to the same facilities as men; they should also be able to enjoy life; it is our responsibility to treat them equally; and they should seek the same health treatments as men”.

6.5.1. Case study 10

Ms. A is a 35-year-old school teacher and the mother of one daughter. She claims to have been suffering from arthritis for the past five years. She sought medical help, but it was all for naught. She went to almost 5 hakims for her treatment because the medicines she was taking for the treatment had many other side effects besides being effective, and someone close in her friends group advised her to seek herbal treatment, which had a better result in this regard. She claims there is always a communication barrier between her and the hakims. Because they are men in a

male-dominated society, they treat women differently. And when it comes to communicating, there is always a reticence.

The results of the research show that gender is a very important determinant in terms of ethno medicine. Thinking pattern of the men of our society is very stereotypical, they do not want the female members to be treated with any good male doctor or any hakim. The World Health Organization acknowledges that gender plays a significant role in different aspects of health: Health risks for women and girls are caused by gender inequality; and addressing gender norms and roles helps us understand how men and women in various age and social groups are affected by risks, health-seeking behavior, and health outcomes due to social construction of identity and unbalanced power relations (WHO, 2010).

6.6. Profession

According to the study's findings, the professional status of an individual or family is a more stable and trustworthy criterion for assessing the socioeconomic position and its impact on overall health than income. Improved quality of healthy living is correlated with a good occupational status. It has been discovered that access to high-quality healthcare is closely related to occupational standing. Cash fluctuations are possible, but a strong job guarantees a more consistent and stable income flow. According to a respondent male age 39 years it has been remarked that;

“Good occupation always has a better impact on health, and if one gets sick, he can avail the medical facilities very well”.

According to another respondent age 42 year, stated that

“Good occupation brings good income, good income leads to better facilities, health facilities get better, we do not have sufficient money to spend on our health, but health comes first, so we opt for the herbal treatment as it is not very expensive and the hakims do not charge much fees”

As a result, one can make the best decision possible while arranging their health care. In many cases, poor health may be a primary factor in occupational mobility in a downward direction. A hindrance to work advancement has also been highlighted as health issues. People with better occupational status are less prone to suffer from occupational disorders. According to a 36-year-old female respondent.

"excellent occupation leads to better health facilities," "herbal medicine is a good treatment," "it's the people's option," and "even those with a lot of money seek this treatment."

In addition, better mental health is a result of having a higher employment status. Scientists contend that employment status can assist people in gaining access to greater financial resources since employment status is more strongly associated with health than wealth. This could aid a person's upward social mobility. Additionally, it has been shown that the unemployed tend to have more unhealthy behaviors and poor health practices than those who are employed. This connection has also been found in children, the elderly, and those with different disabilities. However, several researchers have found that money and health are linked in different ways. Therefore, a healthy diet and a job won't help low-income groups' health issues because of the influence of material factors on healthcare.

6.6.1. Case Study 11

Mr. K, 45, is a low-level government employee and the father of four sons and two daughters. According to him, all of his children are in school, and he is responsible for their education, food, and clothing. He is the sole breadwinner, claiming that he is responsible for his wife and children's daily needs. His salary is low, and they live hand to mouth to get by. He claims that a lack of income causes a slew of problems, one of which is stress. His firm provides medical coverage for him, his wife, and two children, but he is responsible for the other two children. Bad income, he claims, contributes to a poor standard of living. According to him, he prefers to receive herbal treatment since he believes in it and it is not expensive. It's a low-cost therapy option that also works.

7. Conclusion & summary

The current study falls in the domain of medical anthropology and cultural anthropology. And the goal of the current ethnographic study was to examine the socio-economic determinants of ethno medicine. The study was conducted to investigate those social and economic variables which function as push and pull factors towards traditional medicine. The current study totally focuses on individuals' perception and attitude towards ethno medicine and how various factors mean for individuals' inclinations regarding the methods of treatment.

For the purpose of current study, respondents from Jalalabad valley Gilgit were included for the study. Since Gilgit is an enormous region, Jalalabad valley was chosen in light of the accessibility advantage of key informants and further references, subsequently making individuals easily come to reached to study this topic, from a survey it was figured out that people in that area live in joint family system, where males and females are both working hard to arrive at their day to day needs. The study had two main objectives to be investigated and it started with learning about the perspectives and perception of the locals in regards to ethno medicine. The subsequent goal was pointed toward finding out the socio-economic determinants of ethno medicine.

After entering into the field, rapport building was established by several visits to the residents living in the locale with the help of two major key informants, along with the references made by them. After that anthropological techniques that are meant to gain data such as survey forms, in-depth interviewing, participant observations, case study methods and focus group discussion were utilized. As revealed by the census survey form filled by the 26 residents of Jalalabad valley, 10 families belonged to the nuclear family system 9 families belonged to the joint family system and 7 families belonged to the extended family system.

The educational background of the respondents can be categorized as, Among the 26 respondents, male and female, 6 of them were uneducated, 8 of them were under matric, 6 of them were masters and 6 of them were undergraduate. The socio-economic class and background were such that 15 families belonged to the lower

class, 7 families belonged to the lower middle class, and the remaining families belonged to the middle class.

The results of the current study revealed that the respondents to the research had good knowledge and awareness of traditional medicine. It has been discovered that a considerable number of respondents go to traditional healers for care. According to the findings, people of all ages—young and elderly, educated and uneducated—seek treatment. As a result, traditional medicine appears to be well-liked not only among the country's elderly population but also among its younger citizens. The inclusion of herbal medicine in the contemporary healthcare system not only broadens the scope of the country's healthcare system but also helps patients take control of their own care by giving them a variety of healthcare options. This study shows that Local people in Jalalabad valley, Gilgit use traditional medicines to treat a wide range of human diseases, and they are educated about the identities and uses of medicinal plants. Many people in Jalalabad valley, Gilgit still rely on medicinal plants for basic human illnesses such as colds, coughs, diarrhea, fevers, skin infections, bone infections, body pain, constipation, blood pressure, sore eyes, and tooth infections.

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DRSML QAU

ANNEXURE

S.NO	Category
i.	Name
ii.	Age
iii.	Gender
iv.	Profession
v.	Income
vi.	Qualification
vii.	Ethnicity
viii.	Marital status

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INTERVIEW GUIDE

Q.1 what is your name?

Q.2 How old are you?

Q.3 what is your qualification?

Q.4 have you ever use traditional medicines?

Q.5 whom do you know about traditional medicines?

Q.6 Have you ever been to *Hakeem*?

Q.7 Do you believe in getting medicines from *Hakeem*?

Q.8 does your family members use traditional remedies at homes?

Q.9 do you think traditional medicines are effective?

Q.10 why do you prefer traditional medicines over modern medicines?

Q.11 Are traditional medicines costly?

Q.12 do you think traditional medicines have any side effect?

Q.13 do you think traditional medicines are time taking but its
Effective?

Q.14 what society think about medicinal plants?

Q.15 Are they safe?

Q.16 is there any side effects of medicinal plants?

Q.17 why use natural healing plants in our modern world of medicines?

Q.18 what is the importance of traditional medicines?

Q.19 who has a great knowledge about medicinal plants in your family?

Q.20 Is there any governmental traditional healing center?

Q.21 what medical system do you prefer, if you'll have equal access?

Q.22 what are the socioeconomic factors behind the usage of traditional plants?

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GLOSSARY

S.no	Word	Meaning
1	Choga	A long woolen coat
2	Farati khoi	Woolen cap
3	Silsila	Jewelry women mostly used on special occasions
4	Shalwar kameez	Traditional dress
5	Mull	A dish made of wheat flour and mixed with desi ghee
6	Gooli	A traditional flatbread
7	Shirik	A cake, made in the occasion of eid-ul-fitr
8	Nasalo	Dry meat
9	dirum	Sweet halwa made of wheat flour and eat it with almond oil
10	Balti	People of Baltistan
11	Bagoro	People of bagrote valley
12	Dada	Eid-e-nawruz celebration
13	Tomo	Family member
14	logo	Out of family or caste
15	Shino rako	Room of wood
16	Shini hai	Scale, weighing machine
17	Shini khapai	Wooden spoon
18	Shino guddur	Wooden plate
19	Shino hal	Instrument for ploughing the fields
20	ganoni	Harvest festival
22	Sharma	Woolen cap
23	Khon	Woolen blanket
24	Hakeem	Traditional healer

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