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Traditional Medicinal Practices in the Context of Urban Bangladesh: Issues and Challenges

Md. Habibur Rahman[*]
Md. Abul Hossen[**]

Abstract

Traditional medicinal practice is a very common phenomenon among the low and middle incoming group of people in Bangladesh. It is fact that most indigenous people or tribes still rely on their traditional medicinal practitioners, who can cater to their various ailments by administering medicinal plants, which may or may not be supplemented with various species of animals, insects, fish, amulets, and incantations. Since such practices have continued for centuries, indigenous medicinal practitioners, over time, can possess considerable knowledge of medicinal plants, particularly plants found within the vicinity of their habitat (Rahamatullah and et al, 2013). This is basically a qualitative study substantiated by quantitative data. The study examines the concern factors dominating the uses of traditional medicines among the urban people and the motive of the traditional healers who practices such medicines as means of their livelihood. This research also explored the type of traditional medicinal practices sought by the urban people treated at the roadside or footpath of Dhaka City, Bangladesh. The sample is comprised of a total of twenty (20) participants for in-depth interview who frequently intakes traditional treatment from the traditional healers. In addition, five (05) case studies were conducted on the traditional practitioners just to know their way of practices, standard of treatments and medicines they provided to their clients and levels of their training if any. This study also explored the opportunities of such traditional trades and variety of challenges encountered by the practitioners and aftermath problems faced by the recipients. The findings of the study revealed that most of the Practitioners are not familiar with modern medicine and are not aware with the scientific importance of the medicine they are selling. Even they never receive any feedback from the customers they served. They got some idea on plants and

[*] Assistant Professor & Chairman, Dept. of Sociology and Social Work, The People's University of Bangladesh, 3/2 Asad Avenue, Dhaka-1207, Email: rahmanh7@gmail.com

[**] Professor & Chairman, Dept. of Social Work, Jagannath University, Dhaka, Email: ahossen2001@yahoo.com.

they are well conversant so that they could captivate the visitors. Among different challenges encountered by the traditional healers, police threats, problem created by local mastans and sometimes some educated people suddenly put pressure on them that hampers their business. Apart from these, it was found that people who received treatment are from low income, less educated, have less time , don't have enough time to visit government hospital, have negative perception about hospital or simply to give a try and to see the effectiveness of the medicine.

Key Words: Traditional Medicinal Practices, Traditional healers, Urban Bangladesh, Issues and Challenges.

Introduction

Traditional Medicine (TM) is a major component of indigenous system of medicine in Bangladesh. TM includes Ayurvedic and Unani in Bangladesh which are well established since time immemorial. Practices of TM in the societies of the world are deep-rooted. Socio-cultural attachment of TM has made it recognized by the governments. It has been regulated and traditional drugs manufacturing has been taken under control of the government of Bangladesh (Alam 2007). Traditional Medicine, the oldest system of health care, was developed before the advent of allopathic medicine. TM is linked to human perceptions and views. It is related not only to healthcare but also to culture, history, belief and lifestyle of particular society (Bannernman 1982). Sometimes indigenous use of plants, animal products, and other natural substances for treatment of physical or mental diseases traditionally occupied from the heritage of human civilization practiced from time immemorial. It is like the way of protecting and restoring health that existed before the arrival of modern medicine. As the term implies, these approaches to health belong to the traditions of each country, and have been handed down from generation to generation (WHO 1996). The World Health Organization (WHO) since 1976 has been pursuing to integrate traditional systems of medicine with the mainstream healthcare. The member countries of WHO have been suggested to frame policy about traditional medicine. Most of the countries have taken or been taking necessary steps to integrate TM into national healthcare programs (Alam 2007). Now Bangladesh appears to be committed to utilize and to integrate TM into healthcare. Integration of TM into national healthcare and proper utilization of indigenous health practice for achieving health for all is a concern for policy makers. Moreover, commercial potential of herbal medicine (HM) makes her optimistic about the prospects of TM which has glorious heritage and rich plant diversity. Export opportunity of quality herbs and herbal drugs can expand the pharmaceutical sector that can further lead to new investment and employment, improvement of skills and technology in the sector. But along with opportunities, the sector is in the threshold of challenges. To face competition in the global market, quality control and improvement of technology are major concerns for Bangladesh

(Alam 2007). Traditional healing practice is one of the treasures of this resource-privileged region. But this practice is losing its existence due to modernization of the society (Meeting Report 2009).

This study aims to examine the factors dominating the uses of traditional medicines among the urban people and the motive of the traditional healers who practices such medicines as means of their livelihood. This research also explored the type of traditional medicinal practices sought by the urban people treated at the roadside or footpath of Dhaka City, Bangladesh.

Concepts Used in the Study

Traditional Medicine (TM)

Traditional Medicine is multidimensional, complicated and broad. It is related not only to health care but also to culture, history, belief and lifestyle of particular society. Sometimes TM is known as alternative to modern medicine or called non-conventional medicine in many countries. WHO defines TM as " the sum total of the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing (WHO 1978).

Ayurveda/Ayurvedic Medicine

Ayurveda/Ayurvedic Medicine is one of the world's famous systems of medicine. Ayurveda is broadly known as science of life, Ayur means 'life' and Veda means 'Knowledge'. The root of Ayurveda is in Vedic literatures. In the Ayurveda herbs and plants are important elements but the system also considers many other elements of lifestyle such as foods, aromas, germs, colors, yoga, mantras, lifestyles and surgery. It is considered as the oldest science of life, prevention and longevity, the ancient wisdom of healing, placed in over 2000 years ago, as a part of the spiritual tradition of the universal religion.

According to the Ayurvedic principles all material objectives are produced as a result of an alloying or compounding of the five elements and predominance of one or another of these is mentioned as earthy, watery, fiery, airy or ethereal. Ayurvedic medicines generally comprise several substances (Kurup 2002).

Unani Medicine

The term 'Unani' is derived from 'Unan' which is another name of Greece called by the Arabs. Greek medicine was recognized and reformed by the Muslim intellectuals (Park, 1991). The Unani system emphasizes the use of naturally occurring, mostly herbal medicine though it uses ingredients of animal, marine and mineral origin. Unani took over the fundamental theory

of Hippocratic medicine and the doctrine of the humours. According to the doctrine of Hippocratic system and Unani system, the body contains four basic elements Earth, Air, Water and Fire which have different temperaments i.e. Cold, Hot, Wet and Dry. After mixing and interaction of four elements a new compou+nd having new temperament comes into existence (Kutumbiah 1971).

Herbal Medicine (HM)

Herbal Medicine is considered as a part of Traditional Medicine and sometimes used to refer to the same definition. According to WHO general guidelines for Methodologies for Research and Evaluation of Herbal Medicine, Herbal Medicines include, "Finished, labeled and medicinal products that contain as active ingredients aerial or underground parts of plants, or other plant material, or combination thereof, whether in the crude state or as plant preparations. Plant material includes juices, gums, fatty oils, essential oils, and any other substances of this nature. Herbal medicines may contain excipients in addition to the active ingredients (WHO 1996).

Objectives of the Study

The general objective of the study was to examine the concern factors dominating the uses of traditional medicines among the urban people and the motive of the traditional healers who practices such medicines as means of their livelihood. Moreover, the specific objectives of the study are:

i. To know the background of both the traditional healers and the clients;
ii. to unveil the secrets and the perceived benefits behind the traditional medicinal practices believed by the practitioners and clients;
iii. to seek out the challenges encounter by the practitioners and the users;
iv. to find out the factors influence both the practitioners and recipients to sell or buy traditional medicine.

Methods and Materials

The sample is comprised of a total of twenty (20) participants for in-depth interview who frequently intakes traditional treatment from the traditional healers trade at the roadside or footpath of the Dhaka City of Bangladesh. Besides, five (05) case studies were conducted on the traditional medicinal practitioners to know about their way of practices, standard of treatments and medicines they provided to their clients and levels of their training if any. Both consumers and health practitioner informants were selected from various sources and multiple locations of the city. The researcher considered the respondents with the age of 25 and older.

Two instruments were administered for data collection of the study. The first, a consumer instrument, was designed particularly for the conduct of

interviews with the consumers or clients who are seen to take treatment of traditional methods. The researcher sought answers to the following queries; (i) What are the existing patterns of health seeking behaviors and health service usage among the consumers? (ii) What are the experiences of interactions between the health seekers and practitioners in traditional methods?

The second instrument was designed to in-depth interview traditional health practitioners of health providers. Some topics or areas in the consumer instrument were cross-examined from the perspectives of health practitioners.

Data Collection

The researcher employed a combination of qualitative and quantitative methods for data collection. Qualitative methods applied in the study included partial-participant observation, face to face interview and case study. During data collection, the researcher tried to establish rapport with the respondents. To substantiate the qualitative methods, a semi-structured interview guide was used. This survey research method allowed me to collect general information about the sampled informants which included; (i) demographic characteristics (age, gender, education, income, employment status and marital status etc); (ii) existing patterns of cultural and socio-economic status, and health care service utilization; and (iii) the relationship between demographic factors and health-seeking behaviors.

Historical Background of Traditional Medicine and Healthcare System in Bangladesh

Traditional medicine is recent phenomena in healthcare issues in the context of national priorities and global perspective. Traditional medicine is an ancient form of healthcare, practiced long before the appearance of scientific medicine in the developing countries (Lashari 1984).In the history of healthcare in Bangladesh integration of medicine happened at several times. In the medieval period, specifically in the age of Muslim rule, Unani system of medicine was introduced and integrated in healthcare with the Ayurvedic medicine by the rulers. In the Colonial period, allopathic medicine was introduced, not integrated. Integration demands increase in the existing healthcare facilities within the organization. Thus integration expands health seekers' choice. Roh marks that integration is a formalization of traditional medicine into mainstream healthcare system. He observes that a good example of integration of TM is in China where Traditional Complementary Medicine (TCM) is a formal, structured system, with a long history and tradition and with its own colleges, research institutes and disciplinary controls (Roh 2000). Medicine in Bengal was enriched from generation to generation. Ayurveda and Unani were taught at home and gorukula (house of physicians), tole and personal arrangements of

the physicians in the 18th century. During the 18th century, some important literatures on Ayurvedic were written. Among the writings, Ananda Barma's Sarkomudi, Rajbllava's Ratnamala, Ramsen's RsendraSar and Rasendrachintamani, and Dhaturatnamala of Devdatta were famous. William Jones established Asiatic Society in this period, which was developed as a centre for oriental knowledge. The society translated Charaka Samhita and Susrata Samhita into English. Jones wrote Botanical Observation on selected Indian Plants (Pahari 2001).

Modern healthcare was introduced with the establishment of Calcutta Medical College (CMC) in 1835. Before 1835, medical schools of India produced mainly indigenous practitioners in Ayurvedic and Unani systems. They practiced mainly herbal formulation according to the formulation of the indigenous systems. In 1874, the government established Dacca Medical School (Alam 2007, p. 100-101). Up to the middle of 19th century healthcare in India was mainly concerned with curative treatment only. Though British rulers decried indigenous systems of medicine, but they were well aware of the fact that a vast majority of the Indian people believed in these systems and were treated by the indigenous practitioners. The government decided to utilize indigenous practitioners particularly in rural healthcare since 1867 (Jaggi 1980). After 1835, professionalization of allopathic medicine and standardization of drugs began. Western and indigenous medical training were separated in 1835 by the government order no. 28 of 28 January 1835 which stated "that the sankrit college medical class , the medical class of the madrasa and the NMI be abolished from 1st Proximo" (Bala 1991). Under the suppression of British rulers, a national movement was started by the end of the colonial rule. The indigenous practitioners and nationalists came forward and revolted to revive indigenous medicine systems with modern concepts. Among others, Hakim Azmal Khan (1863-1928) was the most prominent one. He emphasized formalization and institutionalization of indigenous medical teaching and of its contents. By the end of 19th century the number of indigenous practitioners was much more than western practitioners (Pahari 2001, P. 27). In 1872 census of Bengal, the number of physicians was 3769 including surgeons and doctors on the other hand the number of Baiyda and Hakim was 23700 (Jaggi 1980). In the 19th and 20th century Bengal, there were a few dedicated personalities who candled the indigenous medicine further. Bala listed the names of some famous practitioners.

Table1: Eminent Indigenous Medicine Practitioners in 20th Century Bengal

1.Students of Gagadhara	**Second generation**	**Third generation**
Dwarkanath Sen	Jogindranath Sen, Umacharan Bhattacharya, Rajendranarayan Sen, Kunjulal Visnagratna,	

1.Students of Gagadhara	**Second generation**	**Third generation**
	Laksminam Sharma of Jaipur, Gobordhan Sharma of Nagpur	
Gayanath Sen	Sitanath Sen, Ramanath Sen, Satyanarayan Shastri of Banares	Bilananda Tarkatirtha, Ramchandra Mallick
Haranchandra Chakraborty	Jyotish Chandra Saraswati, Rameshchandra Chakraborti, Prabhakar Chatterjee	
2.Students of Gangaprasad	Second generation	Third generation
Nishikanta Sen, Bijoyratna Sen, Ramchandra Vidyabinod	Jaminibhusan Ray, Virajacharan Gupta, Durgadas Bhatta	

***Source**: Bala, 1991, P.77.*

After independence, health is defined as one of the basic needs to be fulfilled by the government in the constitution of Bangladesh. Government manages healthcare systems according to policy strategies which are made to achieve national health goal. The National Health Policy 2000 ensures "supply of basic medical requirements to all levels of the people of the society", and "improvement of nutrition of the people and public health" in pursuance of the Article 15(A) and 18(A) of the constitution respectively (Constitution of Bangladesh, Article 15 & 18).

Bangladesh inherited healthcare service system from the past, which is related to colonial setup. However, Bangladesh has earned steady slow progress in some areas of development including over the past couple of years.

Status of Traditional Medicine Practices in South and East Asia

South East Asian region is rich in Traditional Medicine. Since centuries the countries of the region have been practicing it and once Traditional Medicine was the principal medicine dealing with health and disease. It declined during the colonial role and after independence the indigenous systems of medicine developed significantly in many countries. At present, TM is officially recognized and included in most of the countries (Alam 2007). Most of the countries like India, Korea, Sri-Lanka, Bhutan, Maldives, Myanmar, Nepal and Thailand have documented National Policy

on Traditional Medicine and passed resolution to promote TM in healthcare programs. But all the countries have specific legal and control measure relating to TM practices and manufacturing. Moreover, steps have been taken to rationalize education, research, pharmaceutical production and expand infrastructure of TM to make significant contribution in national health programs (Kurup 2002).

Table 2: Popular Traditional Medicine in the South and East Asian Regional Countries

Country	**Name of TM System practiced**
Bangladesh	Ayurvedic and Unani
Bhutan	So-wa-rig-pa
India	Ayurvedic, Unani, Siddha, Yoga, Naturopathy
Indonesia	JAMU and Acupuncture
Maldives	Dhivelhibeys
Myanmar	Ayurvedic, Chinese
Nepal	Ayurvedic
Sri Lanka	Ayurvedic, Unani, Siddha
Thailand	Thai Medicine (Combination of Ayurvedic and Chinese Medicine

Source: *Compiled from several literatures on world TM, cited at Alam, 2007.*

Nature of Traditional Healing and Healers

The indigenous or/and traditional practitioners in Bangladesh broadly include Kabiraj, Unani Practitioners, spiritual or faith healers, dais (traditional midwives) and hazams or private circumcisers. Many of the non-allopathic practitioners also prescribe allopathic medicine depending on their experience. In this connection only registered and qualified practitioners who practice either in Unani or Ayurvedic are meant. Kabiraj is a medical practitioner according to the Ayurvedic system of medicine. In the study Kabiraj or Baidya is used to mean the same meaning as an indigenous practitioner who practices herbal medicine in the name of Ayurvedic medicine practitioner (Alam 2007). The traditional healers belonged to different categories like herbalist, diviners, birth attendants and faith healers (Meeting Report 2009). Moreover, most of the traditional healers are aged and the younger generation was found less interested in this profession. Traditional healers also discussed their difficulties like establishment of a mini herbal garden, transportation for collection of drugs from forest areas, small manufacturing dispensaries in different areas, basic instruments like grinders and extractors, preparation of medicines at the home-level and their preservation. Suggestions were made for solving their

problems and requirements (Meeting Report 2009). In earlier, Medication therapy was prepared from natural sources particularly using herbs available in the surroundings of the indigenous physicians. The number of indigenous practitioners was significant who had been practicing TM before the advent of modern medicine. The physicians had enjoyed upper social status with dignity. In the subcontinent, there was a cast named Baidya or Kabiraj who practiced mainly plant-source medicine (Alam 2007). Traditional medical practitioners and birth attendants are found in most societies. They are often part of the local community, culture and traditions, and continue to have high social standing in many places, exerting considerable influence on local health practices. With the support of the formal health system, these indigenous practitioners can become important allies in organizing efforts to improve the health of the community. Some community may select them as community health workers. It is therefore well worthwhile exploring the possibilities of engaging them in primary health care and of training them accordingly (WHO/UNICEF 1978). Moreover, the motives of healers who do join the public health care systems are sometimes opposed to those of health planners. Healers hope to raise their social prestige and increase their income by learning the 'mysteries of modern medical science' and sharing the prestige and income of biomedical practitioners. It is no wonder that many of their biomedical colleagues have their reservations (Green 1988).

Discussion of Major Findings

The researchers put emphasis on the existing socio-economic condition and ways of perception of receiving treatment by the patients or clients from so called street doctors who are mostly known as Kabiraj in mass people through interview. The authors considered their regular health taking behavior, types of disease and means of treatment, frequency of taking medicine either from Kabiraj or any modern treatment from hospitals or clinics and reasons behind receiving accepting traditional healing from the street doctors and so on. In order to collect more authentic data, the researchers set a questionnaire for the treatment recipients and took a short interview randomly from total twenty respondents from five places. The researchers conducted five case studies on the street doctors in order to know their socio-economic background and ways of practice of their treatment. The findings of the survey are categorized in the following ways;

Age, Sex and Occupation

In the study, most of the respondents were found male except only one female. In terms of their ages, all were within the age limit of twenty to forty where only two were above the limit. More than half of the respondents' occupation was found either unemployed or low paid workers or rickshaw puller. None on the respondents were seen from upper or rich educated class. They basically take this traditional treatment because of less access to modern medicine and cheap.

Regular Health taking behavior

Most of the respondents seek treatment for their own or family members' illness either from street doctors or any road side medicine shop. They replied that modern treatment from any prestigious hospital or clinic expenses more which are beyond their capacity. Sometimes they depend on their fate after in-taking such traditional healing. A few of them shared their often access to take modern treatment facilities.

Frequency of Taking Traditional Treatment

In the response of this question, more than half of the respondents replied that they are not so frequent to take traditional treatment but while they become sick, they rationally choose this. Approximately one fourth of them said that they are not regular in this treatment method. They try to go to modern medical centre for their children but always it's possible. They receive both the treatments based on nature of illness and availability of treatment.

Perception on Traditional Treatment Methods

The findings reflect a mixed perception regarding the effectiveness of such medicinal care and practices. Some of them mentioned that they have somehow faith on such healing, while the rest of the greater portion others said about its effectiveness. Besides few of them mentioned about its less cost which matters. So most of the cases, financially less capable and lower literate people receive such treatment.

Challenges faced by the respondents

Most of the respondents said that they take traditional treatment because of their financial incapacity and lack of access to modern treatment. But they are to face crisis of treatment as this is not regular and held in different places. And even they cannot get emergency treatment from these methods as it heals gradually.

Rate of Modern and Traditional Medicine Intake during last one year

Over the last one year period, more than half of the respondents received traditional treatment either for himself or other family member more the fourth times, whereas the rate of modern medical care intake was significantly absent. Approximate one fourth of the participants took traditional treatment twice and rest of them took three to four times besides a little intake of modern medicine.

Effectiveness of Traditional Medicinal Care

Closely three quarters of the respondents belong to the faith that traditional healing is better than modern treatment. They choose traditional treatment method not only for cheap cost but its effectiveness. The rest of the participants have equal belief on both the treatment methods.

Side effect of Traditional Healing

In response to the query regarding side effect of traditional healing, most of the participants firmly disagree. While asked about their more preference on traditional medicine, closely all mentioned their financial incapability rather than their low education as the reason of choice.

They also mentioned that modern medicine is really tough to access for them.

Disease suffered by the Respondents

As found in the survey, approximately three fourth of the respondents usually suffer from various diseases either single or multiple at a time such as Skin, diabetes, sexual problem, jaundice and constipation and so on. Whereas the rest of them take treatment for any single problem such as fever, jaundice, Gonoria, asthma or Diabetes or other diseases.

Recommendations for Traditional healing improvement

In response to the query regarding their opinion or suggestions on the improvement or facilities of traditional healing, all the respondents were found similar in position. They said that the traditional healers should have a fixed place where patients can confidently come, the healers should get training, and government should signify this treatment method similarly as modern treatment method. In addition, there should have therapy and diagnosis facilities besides medicinal treatments which might ensure better service to the patients.

Case Study-01: Robin Mia (Pseudo name) a Practitioner

Robin is a 36 year old street doctor. He is mostly known as Kabiraj in mass and provides treatment of different illness by selling various types of medicines made by herbs and trees. He was interviewed at the Townhall market of Mohammadpur during his treatment to the people. As replied, he arranged such outlet on the basement on every Thursday afternoon as this is weekend of this area. He said that as other shops are closed on Thursday, people can gather with me easily and get their necessary service. He studied up to higher secondary class and then finished a six months diploma course on Ayurvedic Medicine from a Unani and Ayurvedic College. While asked about why did he choose this course and took Kabiraj Treatment as profession, then he said that he became influenced by few of his friends who already practiced this treatment already. He said that I choose this as I did not get any job initially and gradually I became attached with the passage of time. Now I like this as I could serve the lower and mostly poor class people. In reply to a question regarding his patient's social status, he answered that most of my client are uneducated and financially insolvent like rickshaw puller, day labors and garments workers etc. He expressed

satisfaction with his income. He prepared most of the medicines himself and few of the items he managed from other Kabirajs. In a query, he expressed his confidence regarding the effectiveness of his medicine in recovery of illness. He said that people get healing that's why they come and take medicine. As answered by Mr. Robin, most of his clients are more or less common and few are new. Besides effectiveness of medicine, he signified faith on the treatment. Regarding expense of treatment he said that total cost of treatment in his way is much cheaper that other medication as he does not take any visiting fees. By his income he maintains a family that includes his wife and two kids. He preferred this place for his treatment as huge people gather here in particular on Thursday. He provides medicine for various illnesses like allergy, cough, headache, back pain, skin disease, heart disease, taste increase medicine and energize items for sexual problem. He mentioned that female patients are very rare but some male person buy medicine for their female counterparts. Finally he said that we need training of this treatment to be expert and nationally our treatment methods should be recognized so that people can rely on our service. While asked about existing challenges in his occupation he said that as I have no fix place from the Bazar Authority or by government or my own, I have face threat either by police or mass people because of gathering. Police disturbs us when they move in the area. If we have sufficient training of treatment or preparing medicine and set up a fix chamber, I firmly believe that traditional medicine could be a significant supplement of modern medicine in terms of rendering sufficient services to the people.

Challenges of Traditional Medicinal Practice in Urban areas of Bangladesh

Traditional medicinal practice in Bangladesh is still in a growing up phase. Practice of indigenous or traditional medicine in this country is more seen in private sector rather than government hospitals in Bangladesh. Qualified and trained practitioners of traditional medicine are mainly practicing in clinics either employed by companies or self. In the government healthcare structure, it has been incorporated recently at District hospitals. In terms of traditional medicine, one of the very crucial challenges is integration of traditional medicine is not well recognized and perfectly accommodated in national health services.

Among other challenges, lack of well defined policy framework towards making a master plan for entire health care development in national level is a big concern. There should have an appropriate database management system integrating both traditional and modern medicinal care for private and public sector for providing sufficient treatment to mass level. The policy will include legislation and regulation for herbal products and practice of therapies; education, training and licensing of providers; research and development; allocation of financial and other resources for development of TM (WHO 2002).

As the ratio of modern healthcare practitioners is very insignificant in our country, all the traditional healers may be incorporated and trained up on indigenous treatment methods and serve their own way to additional number of people.

In traditional medicinal practice and uses; safety, quality and efficacy is a very vital issue in global healthcare. At the present world, people are very cautious about their safety and quality of healthcare, which they can get from modern healthcare but not in traditional healing usually.

Though the traditional treatment is not more expensive than modern healthcare but still it could not attain the faith and reliability of the upper class people because of lack of research in this sector. In the developing countries, most of the traditional healers do have any legal license as a practitioner, they just do practice based on their long term experience without any proper training.

Ways forward to resolve the Challenges

The healthcare situation, health management and healthcare service delivery system in Bangladesh is gradually developing with the passage of time. There is a National Health Policy formulated by the government of the People's Republic of Bangladesh in 2011 significantly emphasizing on the development of modern healthcare systems, whereas traditional healthcare practices is poorly mentioned in exception of the Ayurvedic, Unani and Homeopathic. Actually the traditional or indigenous medicine requires specific policy guidelines or should have incorporation in the national health policy with importance so that the practitioners or receivers may have faith and satisfaction. There should have a way of integration among traditional medicine and modern healthcare system towards achieving the national goal of health for all.

One of the fundamental responsibilities of the state is to ensure health for all citizens. The vital strategic points for achieving the state health goal and objectives include: (i) Prioritizing the needs of underprivileged, underserved and vulnerable groups; (ii) Rational use of resources; (iii) Community participation health programs and in delivery; (iv) Strengthening the quality of education and training programs of health and health related personnel; (v) Supporting effective implementation of population control strategies; (vi) Strengthening health information system; (vii) Strengthening the managerial capabilities of health system; (viii) Promotion of private sector development; and (ix) Support for promotion of indigenous system of medicine (Alam 2007). In 2003, the Fifty-sixth World Health Assembly noted the role of TM in world healthcare and adopted some resolutions. The Fifty-Sixth Assembly urged member states:

1. To adopt and implement, WHO's Traditional Medicine Strategy as a basis for national traditional medicine programs or work plans;

2. To draft and implement national policies and regulations on traditional and complementary and alternative medicine in support of proper use of TM, and its integration into healthcare systems, depending on the circumstances in their countries;
3. To recognize the role of certain traditional practitioners as one of the important resources of primary healthcare services, particularly in low income countries and in accordance with national circumstances;
4. To set up or expand and strengthen existing national drug safety monitoring systems for monitor traditional medicines;
5. To provide due support for systematic research on traditional remedies;
6. To take measures to protect and preserve Traditional Medicinal Knowledge (TMK) and medicinal plants resources for sustainable development of TM;
7. To ensure, in accordance with national circumstances, provisions of training and in necessary retraining of TM practitioners and of a system for the qualification, accreditation or licensing of TM practitioners;
8. To promote sound use of TM/CAM by consumers and providers (WHO 2003).

Concluding Remarks

The practice of traditional healing in healthcare of Bangladesh bears a long history though it still cannot be incorporated and supplemented with modern healthcare. The study has tried to shortly reveal the potential areas relevant to the development of traditional medicine in Bangladesh. It also endeavored to explore the existing challenges in traditional healthcare practice both for the recipients and healers. As observed, there is a huge opportunity for the traditional healing practice to be incorporated and supplemented with the modern healthcare in Bangladesh. The constitution of Bangladesh ensured health rights of the people. However, necessary reformations have not been reflected in the healthcare system for the gross improvement of healthcare. Traditional medicinal practices needs more attention from the state position towards facilitating more training for the practitioners, ensure wide management of necessary herbs and trees plantation and mass level awareness. In Bangladesh, traditional healing definitely be a very significant treatment methods to provide treatment for a huge number of population parallel to modern medicinal treatment.

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