

A GEOGRAPHICAL ANALYSIS OF SUSTAINABILITY, ACCEPTABILITY AND CHALLENGES OF AMCHI MEDICAL CARE SYSTEM IN HIMALAYAN REGION – LADAKH, INDIA.

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ABSTRACT

Western biomedical system, more popularly known as allopathic, is globally preferred and recommended on the basis of fast recovering rates despite its adverse impacts during medication. However at the same time alternative medical system based on geographic environment of the area where it is being practiced, has assumed great relevance and faith across the world in recent times. One such medical system, Amchi, is practiced in Ladakh and in other parts of Himalayan region with varying degree of acceptability by people having different religions and faith. In the present paper an attempt has been made to describe the ways in which a common Ladakhi thinks about Amchi medicine and how these perceptions effect the utilization of alternative therapy systems. Amchi system is combination of Ayurveda, Chinese and Tibetan medical systems. The multiple dimensions of health care are described in terms of medical behaviour of health sector and the practitioners, and health care strategies employed by the patient. More than eighty percent Buddhists of Ladakh practice it whereas about twenty per cent Muslims have faith in this system of medicine. Since Amchi medical system largely uses different types of biota of the region therefore it has more sustainability. At the same time deforestation across the world due mostly to anthropogenic forces has adversely reduced plant and other medicinal plant wealth. This holds true for Ladakh Himalayas as well, and needs strategy plans to ensure its sustainability.

Key words: Medical system, Alternative medicine, Amchi system, sustainability.

INTRODUCTION

A system of alternative medicine is built upon a complete system of theory and practice. Often, such systems have evolved apart from and earlier than the conventional medical approach used in scientifically advanced countries like United States and Europe. Alternative medical systems may have first evolved in Western cultures, later on adopted by other cultures cutting across the geographical barriers. Such medical systems employ the locally available resources of both biotic and non-biotic in nature. Developed countries like Europe even in present high tech time do practice traditional medicine type (Vaskilampi et.al, 1982). However, the literature to date is stronger in suggesting that the Third world has more powerful and immanent traditional medicine, some with strong scholarly traditions as in Indian and Chinese medicine, some the folk medicine common everywhere but usually stronger than in western countries, some concerned with spirit possession and spiritual healing, some with the witch doctors and incantations (Worsley, 1982). Africans have their rich traditional medicine (Good, 1987). In India the development for traditional medicine is

government funded, and is greatly managed by it. As a result it has a high level of acceptance by people (Ramesh and Hyma,1981). There are also trained practitioners of different types of traditional medicines like Ayurveda, Siddha, Unani etc. (Qureshi and kharbanda, 1980). Examples of alternative medical systems that have developed in Western cultures include homeopathic medicine and naturopathic medicine. Examples of systems that have developed in non-Western cultures include traditional Chinese medicine, Ayurveda, Unani Siddha etc.

Types of Alternative Medical Systems:

Alternative medical systems are divided into four subcategories: Acupuncture and Oriental medicine; Traditional Indigenous systems; Unconventional Western systems; Naturopathy.

Acupuncture and Oriental Medicine

This type of medicine includes the application of some of the following techniques;

- Acupuncture
- Herbal Formulas
- Diet management

Traditional Indigenous Systems:

This subcategory includes major indigenous systems of medicine other than acupuncture and traditional oriental medicine.

- Native American Medicine
- Chinese, Tibetan Medicine
- Hindu Medicine - AYUSH: Ayurvedic,

Yoga,Unani, Siddha,Homeopathy; including Amchi and other regional geographic medicine as well.

- Arab Muslim - Unani-Tibbi,
- Kampo Medicine
- Traditional African Medicine
- Traditional Aboriginal Medicine
- Curanderismo
- Central and South American
- Practices Psychic Surgery

AMCHI MEDICAL SYSTEM LADAKH;

The Ayurvedic medical practice is the native system of medicine used in the Indian subcontinent. It is known for relying on herbs of the Himalayas as described in some of the ancient texts like the *Susruta*(Joshi *et al.*,1992). Like the Ayurvedic system, the Amchi system, or Smanschak- an amalgam of Ayur-veda-Chinese- Tibetan medicine, utilizes herbs, minerals, and animal products, Amchi system has its own distinctiveness. Sometimes as many as fifty different types of herbs and minerals are used in a single type of pill. It is a complicated system and takes years to understand. The native scriptures of Ladakh are rich in ethno medicinal heritage and the local "amchi" (medicine man) is the custodian of this treasure-trove They are also known by words like "Samnpa or Lharje." Lord Buddha is believed to have performed as Amchi for more than four years (Crook & Osmaston, 1994)..

One of the Himalayan region-Ladakh with an average altitude of 3500-5000m above sea level is a vast mountainous territory and a cold desert drained by river Indus. It has a separate geographic entity and is of high geo-political significance as international boarder of about five countries meet here. It is held between 32^o 17' N, to 36^o 15' N Lat and 75^o 15' E to 80^o 30' E Long. Its important settlement is Leh town, where bulk of human habitation is found

The people of Ladakh are related to the Tibetans and follow similar cultural and religious practices. In fact Ladakh is perhaps in some ways more 'Tibetan' than Tibet, whilst Tibet is now politically part of China, and Ladakh politically part of India. The economy is mainly a subsistence one, producing food, woolen clothing, household utensils made of beautiful decorative copper, jewelry and religious objects. Some Ladakhis are nomadic, herding goats which are noted for their Pashmina wool. Most Ladakhi villages are remote places and are inaccessible. Few have road connectivity by all weather roads. Some are days walk from the nearest road and totally cut off by snow on the high passes for up to the and more than half the year. Such conditions are fundamental to any consideration of development policies and their implementation, besides other infrastructural facilities are least

developed .Provision of health care facilities is of paramount importance for people, therefore arrests the attention of planners and government . The physicians, doctors and other paramedical staff are unwilling to serve here under harsh climatic conditions as majority of them are imported from other parts of the State like Kashmir or Jammu. As a result people prefer to receive medical care from local traditional medicine – Amchi.

Sowa-Rigpa commonly known as Tibetan or Amchi medicine is among the oldest surviving well-documented medical traditions of the world. With the living history of more than 2500 years it has been popularly practiced in Himalayan regions throughout central Asia with pulsating response in Indian states of Ladakh, Himachal Pradesh, Arunachal Pradesh, Sikkim, Darjeeling and now in Tibetan settlements all over India. Originated from India Sowa-Rigpa is based on Jung-wa-lna (Panch Mahabhuta /five elements) and Nespa gSum (Tri-dosh/ three humours) theories. According to these, all animate and inanimate phenomena of this universe are composed of Jung-wa-lna (five elements). It is on the theory of five basic elements that the science of physiology, pathology and pharmacology is established (Vaskilampi, T.and macCormack, op.cit, 1982). Therapy under Amchi system may be divided into the following modes of treatment using

2,294 medical substances divided into seven categories(Bhasin,2005).

1. Treatment by herbs.
2. Treatment by minerals.
3. Treatment by animal organs
4. Treatment by spring and mineral waters.
5. Treatment by (herbs & metals)
6. Treatment by vein puncturing.
7. Treatment by mysticism and spiritual powers (Yantra Mantra).

HOW FAR AMCHI SYSTEM IS SUSTAINABLE.

Himalaya has great wealth of medicinal plants and traditional and local knowledge. Indian Himalayan region alone supports about 18,440 species of plants (Angiosperms: 8000 spp., Gymnosperm: 44 spp., Pteridophytes: 600 spp., Bryophytes: 1736 spp., Lichens: 1159 spp. and Fungi: 6900 spp. of which about 45% are having medicinal property. Of the total species of vascular plants 1748 spp. species are medicinal (Tripathi, 2001). Traditional knowledge provides the basis for problem-solving strategies for local communities, especially the poor and is a good example of Traditional Knowledge System, which has affected the lives of people around the globe. According to an estimate of the World Health Organization, approximately 80% of the people in developing countries depend on traditional medicines for primary health care needs; a major portion of these involves the use of medicinal

plants(WHO,1998a). Amchi - a traditional Himalayan medicine system is a great example of Traditional Knowledge System where small communities prefer treatment for curing diseases through the traditional methods, which came from their fathers or grand fathers and go to next generation. They also treat their animals through these traditional methods. They use generally herbal products, bones of dead and live animals and other naturally available resources of both biotic and abiotic in nature. Since the people of the region have faith in this type of medicine as well as it is less expensive to allopathic medicine, almost every household has at least one practitioner of Amchi medicine, therefore it is more sustainable to other types of medical systems.

Amchi medicine is the communal term used for naming Tibetan medicine in Ladakh. It is found in different regions in the Indian sub-continent, stretching from east to west along the chain of the Himalayan mountains including Himanchal Pradesh (Dharamshala, Lahaul, Spiti) and Sikkim, as well as the neighboring states of Tibet and Bhutan, extending until Mongolia and certain regions of central Asia, far east Asia and south-east Asia(Fig 1.)

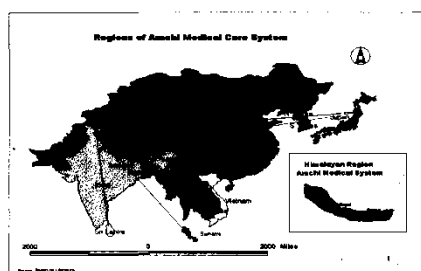


Fig.1 Aerial Extension of Amchi Medical System

Source: Based on Literature

This medical model of health systems reflects holistic thoughts in which the sick are treated physically, emotionally and spiritually. Amchi medicine is a conglomerate of science, art, philosophy and religion, each element closely dependent on the others. It maintains its own ideas about the composition of the universe and the body, in physiology, pharmacology and disease, and is unique in its method of pathological diagnosis and the nature of its treatments. The Amchi text is divided into four major chapters that cover the anatomy, the embryology, the pharmacology, the physiology, the pathology, the pharmacopoeia, the podiatry, the gynecology and the treatment. The practitioner or Amchi is considered as an

epitome of physical, mental and spiritual values. However some researchers emphasis on evaluating this particular system of medicine on modern scientific knowledge (Bhat and Nawchoo, 1997).

Amchi practitioners are catering to the health needs of the people in far flung areas and where there are no Primary Health Centers. It is also a holistic attempt to conserve the traditional form of Tibetan medicine which was slowly becoming obsolete in current times of biological research revolutions. The Amchi medicines as claimed by Amchis is said to have no side effects. For orthopedic treatment, of fractures and broken bones, and some other ailments, Amchis' claim that the treatment is much more effective than Allopathic treatment. At the same time treatment under this medical system is cost effective and tolerable by both young and old, men and women as religious faith is attached with it. Historical evidence reveals that the founder of Buddhism Lord Goutam Buddha had patronage for Amchi medicine (Crook & Osmaston. *Op.cit*). Therefore this medical system is more acceptable to and preferred by Buddhists than Muslims, the two major religious communities in Ladakh (Fig 2).

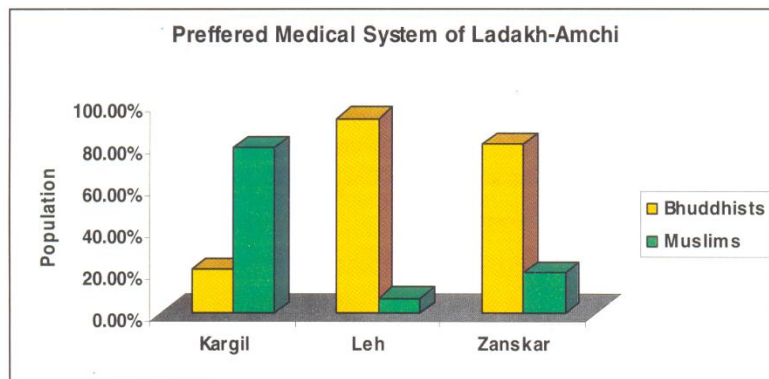


Fig.2 ACCEPTABILITY OF AMCHI SYSTEM BY LADAKH NATIVES.

Source:- Field Survey-2006.

Hospitals are largely irrelevant to a Ladakhi as infrastructure is least developed here. Villagers require basic local medical facilities capable of dealing with the more common health related problems so that they do not develop complacency. Most Ladakhi villages are remote places with least developed road connectivity. Some are three weeks' walk from the nearest road and totally cut off by snow on the high passes for more than half a

year, like large tracts in Zaskar sub-division. Such conditions are fundamental to any consideration of development projects and their implementation strategies. Therefore health care delivery can better be facilitated through the indigenous medical system developed specifically for the climatic and cultural conditions of the region. Amchi system plays a great role in this direction.

Table 1. Physical & Social Characteristics of Ladakh - 2006.

| SNo. | Name of the Villages Surveyed Number of House holds surveyed. | No. of Houses holds | | | Altitude of the Village (feet) | Accessi-bility/Connec-tivity | Literate pop. %age | Source of drinking water | Distance to the Nearest Town Km | Health care system available |
|------|--|---------------------|--------|------|--------------------------------|------------------------------|--------------------|--------------------------|---------------------------------|------------------------------|
| | | Total | survey | %age | | | | | | |
| 1 | Lankarche | 224 | 86 | 38.9 | 9,000 | PR | 49.2 | N | Kargil 30 | Allopathic |
| 2. | Shilikche | 45 | 15 | 33.3 | 9,000 | FP | NA | N | NA | Nil |
| 3. | Gund Mangalpur | 170 | 65 | 38.9 | 7925 | PR | 13.9 | R | Kargil 20 | Nil |
| 4. | Farona | 98 | 42 | 42.8 | 8685 | KR | 14.0 | S,N | Kargil 32 | Nil Amchi |
| 5. | Khache | 56 | 17 | 30.3 | 7400 | KR | NA | S | NA | Allopathic |
| 6. | Hardas | 85 | 25 | 29.5 | NA | | 17.0 | T,R | Leh 6 | Amchi |
| 7. | Shai | 234 | 95 | 40.6 | 10,900 | PR | 24.7 | T | Leh 12 | Allopathic |
| 8. | Thiksey | 193 | 55 | 35.0 | 11,000 | PR | 32.7 | S,R | Leh 18 | Amchi |
| 9. | Panamik | 154 | 56 | 36.3 | 10,840 | KR | 26.1 | S | Leh 104 | Allopathic Amchi |
| 10 | Chachoot Shoman | 190 | 60 | 31.5 | 10,500 | PR | 25.1 | R,N | Lch 10 | Amchi Allopathic |
| 11 | Hemis | 202 | 70 | 34.5 | 11,000 | PR | 63.5 | T,S,N | Leh 42 | Amchi Allopathic |
| 12. | Diskit | 290 | 100 | 34.5 | 9,950 | PR | 24.5 | S | Leh 81 | Amchi |
| 13. | Padam | 48 | 16 | 33.3 | NA | PR | 71.5 | S,T | Padam 0 | Allopathic |
| 14. | Kargyah | 62 | 19 | 30.5 | NA | KR | 28.0 | N | Padam70 | Amchi |
| 15. | Karshah | 58 | 24 | 41.5 | NA | KR | 57.0 | N | Padam 12 | Amchi |
| 16. | Ofti Pibting | 42 | 20 | 47.6 | NA | KR | 35.0 | R,N | Padam8 | Amchi |

Source: (i). Cencus 2001. (ii). Field Survey

NA: Not Available; N: Nullah, S: Stream, R: River, T: Tap, PR:Pucca Road, KR: Kacha Road,FP:Foot Path

Today there are more than 350 Amchis in Ladakh who practice their art and science in treating the ailing among the population, working out a doctor to population ratio of about 1:580 which is better as compared to allopathic doctors who are practicing in Ladakh. The Amchi system of medicine has patients from all sections of society, regardless of economic status, religion, sex or age and enjoys the confidence of the people of Ladakh both in Leh and Kargil districts. Amchi medicine is also used in the veterinary field. Thus the indigenous Amchi system of medicine is fulfilling the needs of the population as well as retaining the vital part of Ladakhi Culture and its traditions.

To ascertain the acceptance level among the people of Ladakh about Amchi medical system, a field study was conducted in the of Ladakh region among Buddhists and Muslims, the two dominant religious communities. The Buddhist and Muslims constitute about 46.16 per cent and 47.10 per cent of the total population respectively (2001 Census). The majority of Buddhists are settled in Leh district(77.30 per cent) and Muslims in Kargil district(80.43 per cent). Tables 1 & 2 , reveal the preference for Amchi system of medicine among Ladakhis.

TABLE: 2. Response to Amchi Medical System – Ladakh 2006

| S. No. | Name of the Villages Surveyed | District/ Sub-dist | Dominant religious community >85% | Health Care Behaviour | | | |
|--------|-------------------------------|--------------------|-----------------------------------|---|--|---|--|
| | | | | Households Surveyed with %age to total Household in Brackets. | No of Households Opt for Allopathic Medical System | %age. of Households Opt for Allopathic system | %age of Households Preferring Amchi system |
| 1. | Lankarche | Kargil | Muslim | 86(38.9) | 86 | 100.0 | 0.00 |
| 2. | Shilikche | Kargil | Muslim | 15(33.30) | 15 | 100.0 | 0.00 |
| 3. | Gund Mangalpur | Kargil | Muslim | 65(38.9) | 65 | 100.0 | 0.00 |
| 4. | Farona | Kargil | Muslim | 42(42.8) | 38 | 90.0 | 10.0 |
| 5. | Khache | Kargil | Muslim | 17(30.3) | 16 | 94.0 | 6.0 |
| 6. | Hardas | Kargil | Muslim | 42(42.8) | 42 | 100.0 | 0.00 |
| | Avarage for Kargil | - | - | - | 37.5 | 97.3% | 2.7% |
| 7. | Shai | Leh | Buddhist | 95(40.6) | 90 | 5.0 | 95.0 |
| 8. | Thiksey | Leh | Buddhist | 55(35.0) | 52 | 5.0 | 95.0 |
| 9. | Panamik | Leh | Buddhist | 56(36.3) | 56 | 0.0 | 100.0 |
| 10. | Chachoot Shoman | Leh | Buddhist | 60(31.5) | 50 | 17.0 | 83.0 |
| 11. | Hemis | Leh | Buddhist | 100(34.5) | 90 | 10.0 | 90.00 |
| 12. | Diskit | Leh | Buddhist | 100(34.5) | 100 | 0.0 | 100.00 |
| | Average for Leh | - | - | - | 73 | 6.1% | 93.8% |
| 13. | Padam | Zanskar | Buddhist | 16(33.3) | 14 | 12.0 | 88.0 |
| 14. | Kargyah | Zanskar | Buddhist | 19(30.5) | 15 | 21.0 | 79.0 |
| 15. | Karshah | Zanskar | Buddhist | 24(41.5) | 24 | 0.0 | 100.0 |
| 16. | Ofti Pibting | Zanskar | Buddhist | 20(47.6) | 20 | 0.0 | 100.0 |
| | Average for Zanskar | - | - | - | 36.5 | 8.2% | 91.7% |

Source: (i). Cencus 2001. (ii). Field Survey.

The tables 1 & 2, depict that the settlements which are connected by metalled (pucca) roads and have better connectivity have developed allopathic system whereas in the areas where the accessibility/connectivity is poor and roads are unmetalled, there the people prefer and use the indigenous health care, the Amchi system. Buddhists by and large, cutting across the socio-economic strata, have developed health care behaviour in Amchi system; as compared to Muslims who use allopathic and self medication.

In the Buddhist dominant tehsil of Leh and Zaskar the preference rate for the Amchi system is 93.06 per cent and 80.87 per cent respectively whereas for Muslim dominant tehsil Kargil the corresponding figure is only 20.68. For allopathic system of medicine in Leh and Zaskar the values are 6.84 per cent and 19 per cents respectively, where as for Kargil the preference is more than 79 per cent. Further the settlements situated at high altitudes more than 10,000ft rely mostly on Amchi or traditional medicine system/alternative medical system, although public health care of allopathic medical system is also available. The other factor which increases the preference of Amchi system among Buddhists is that they allow at least one of their sons to become a *lama* to serve in Gompas. By faith these *lamas* in turn are taught the Amchi system which Mahatma Buddha had taught himself. *Lama* is treated as a respected member of the society and their teachings and instructions in dealing with worldly affairs and for maintaining and rectifying health problems are taken with due consideration by their followers. This has greatly increased the

sustainability and acceptability of Amchi system among Buddhists in particular.

CHALLENGES;

The hardest challenge which Amchi medical system confronts is in declining species of medicinal plants in the Himalayan Region. This is mainly due to the deforestation. This gets further worsens by bringing forest land use cover under various developmental programs by various agencies. Its obvious result is seen in declining number of people desirous about learning Amchi medicine, as raw material and resources are exhausting fast (Nepal Times News Bulletin, 31 Dec 2004 - 6th Jan 2005). In this regard the protection of existing medicinal plant species and aforestation is necessary in whole of the Himalayan region. Infrastructural facilities are to be strengthened and development of the system needs to be ensured on scientific lines. Collection of herbs and other medicinal plants usually starts with the on set of summer season. The high rough terrain restricts the movements of Amchi who collect these materials. What is needed is that government sets up some collection centre at potential areas which yield medicinal plants and herbs. These will also maintain specific data about production and extraction of these plants. Amchi should be supplied such herbs and plants from these centres. Though Amchi medicine has been recognized and supported by the various

countries and government but the support is far from the desired level. It is therefore essential to bring Amchi system under integrated formal health care system for its promotion and growth. An attempt in this direction was initiated during 1976 when an Amchi Research Unit (ARU) was established in Leh under the ministry of health and family welfare, central council for research in Ayurveda and Siddha. The ARU has done considerable work in the research on Amchi system of medicine and produced several publications pertaining to its role in remote areas of Ladakh.

In India, there are at present three schemes for Amchi Medicine in Ladakh under the Central Government of India and State Government of Jammu and Kashmir. The main functions of these schemes are research, health care and education. These schemes are:

i) Amchi Medicine Research.

A research unit has been set up at Leh, which is a part of the Central Council of Research on Ayurveda and Siddha (CCRAS), an autonomous body of the Ministry of Health & Family Welfare. It is concerned with clinical, literary, botanical research and publication on Amchi medicine.

ii) Amchi Unit of Health Department, Leh:

The Amchi Unit of the health department is under the direction of a Chief

Amchi, State Government of J& K. It operates several projects including seminars and caters to the needs of Amchis, recruits, and makes assessments for allocation/location perspectives of Amchi health care system.

iii) Central Institute of Buddhist Studies Leh:

This centre is under the Ministry of Human Resources and Culture, Government of India. The medical training wing in this centre was created in 1988. Under this scheme literature in Tibetan script pertaining to Amchi medicine is revived. Besides there are more than 350 Amchis in Ladakh and several active associations of Amchis. They are successfully treating primary and complex ailments and are fully supplementing the allopathic system of medicine in Ladakh.

REFERENCES:

- Bhasin,V.2005. Ecology of health: A study among tribals of Ladakh, *J. Studies of tribes and Tribals*,3 (1). 1 – 13
- Bhat,G.M and Nawchoo,I.1997. High Altitude Medicinal Plants. *J Region,Health And Health Care*.2 (2) November 1997. 21-23
- Census of India (2001) *Jammu and Kashmir*, Series 8 Crook John and Osmaston Henry.eds.1994. *Himalayan Buddhist Villages – Environment,Resources,Society and Religious life in Zanskar,Ladakh*, Motilal Banarasidass Publishers, Delhi
- Good,C.M.1980. The interface of dual systems of health care in the developing world: Toward health policy initiatives in Africa, *J Social*

Science and Medicine. **13 D**. 141 – 154.

Prakashan, Nainital, India

Jennifer Glass.2004. *Mountain Grown Medicine*,
<http://tennessee.edu/alumnus/winter>

Tripathi,G.2001. Indigeneous Knowledge and Traditional Practices of Some Himalayan Medicinal Plants.In: *Himalayan Medicinal Plants, Potential and Prospects* (S.S.Samant,U Dhar,L.M.S Palini,eds) Gyanodaya Prakashan, Nainital, India.

Joshi, G.C.,. Tewari K.C and. Pandey G. 1992. *A review of indigenous system of medicine*, Gyanodaya Prakashan, Nainital.207-231

Nepal Times –6th Jan 2005.

Vaskilampi,T. and macCormack,C.P. eds. 1982. *Folk medicine and health culture: role of folk medicine in modern health care. Proceedings of Nordic research Symposium with special reference to herbal drugs*,27-28 Aug.1981. Kuopio, : university of Kuopio, Finland .

Qureshi,N.A. and Kharbanda,V.P.1980. A comparative study of the health systems of India and China. *J Health and Popul.Perspect.and Issues* **3**.187 - 203.

Ramesh,A. and Hyma,B.1981. Traditional Indian medicine in practice in an Indian metropolitan city *J Social Science and Medicine*, **15D**, Pp.69 - 81.

WHO(1998a) *Life in the Twenty-First Century*.Geneva:WHO.

Samant,S.S;Dhar,U and.Palni, L.M.S.1998. *Medicinal Plants of Indian Himalaya: Diversity Distribution Potential Value*,Himavikas Publications, Gyanodaya

Worsely,P.198). Non-western medical systems, *Annual Rev. Anthropol.* **11**, 315-348