2.1 Introduction

In this study, attempts have been made to review the existing literature on folk medicines and its allied areas involved in developing e-content at national and international level. Information sources, both primary and secondary sources were consulted for the literature review that includes:

- EBSCO’s Library, Information Science and Technology Abstracts (LISTA) online, 1970-2014,
- Indian Journal of Traditional Knowledge (IJTK) from 2000 to 2014 published by NISCAIR, New Delhi.
- Journal of Ethnobiology and Ethnomedicine online, 2000-2014

2.2 Literature Review

For convenience, the review of the related literature has been categorized in two parts.

2.2.1 Studies on Folk Medicines – Indian Context

One hundred and forty traditional practitioners were identified and interviewed for the study. These practitioners are locally known as “Vaidya”. The study revealed that the non-codified healthcare tradition is practiced mainly by elderly persons of the age of 61 years and above. The practitioners
learnt this tradition from their forefathers, and practitioners developed their own practices through experimentation, reading and learning. The practitioners follow distinctive “Nadi Pariksha” (pulse examination) for disease diagnosis, while others follow bodily symptoms and complaints. Plants and animal materials are used as sources of medicines, with a variety of preparation methods. The majority of traditional practitioners do not charge anything, while few practitioners receive money as a remuneration (Upadhya et al., 2014)

Kachare (2014) found that piscicidal plants, mainly ethno botanical information is valuable for the treatment of skin diseases, diabetes, asthma, migraine and hence, recommends inhabitants of the villages for protected for future generation.

An attempt has been made to explore the traditional knowledge of herbal medicines used as a remedy for skin disorders by the Gujjars of Sub-Himalayan tract, Uttarakhand. The purpose of this effort is to assess traditional knowledge on medicinal plants which forms a baseline data for future pharmacological and phytochemical studies, to identify the important species used to skin medicine, finding out methods of various preparations. The knowledge of herbal preparation, parts used, mode of administration and local name was also taken during the study period. The present study has resulted in the documentation of 109 medicinal plant species belonging to 57 families and 102 genera used by the Gujjars for treatment of different skin ailments, viz. allergy, blisters, boils, chilblain, cracked feet, cuts, eczema, leprosy, leucoderma, ringworms, sore and wounds (Sharma et al., 2013).

Vidyasagar and Siddalinga (2013) conducted an ethnobotanical survey of Bellary district, comprising seven taluks was conducted during May 2009 to July 2011. A total of 28 species of folk drug plants belonging to 26 genera and 20 families were found to be used as a remedy for diabetes mellitus
by the urban, rural and tribal people. The scientific, local and family names of these medicinal plants along with the habit, parts used and the mode of their administrations are given in the present paper.

Odisha state is rich in ethnomedicinal plants. This study deals with ethnomedicinal uses and anti-cholerae properties of medicinal plants used by the rural tribal people of Odisha, India. The information about plants was collected by interviewing the local rural traditional practitioners. In the present study 26 plant species consisting 26 genera belonging to 22 botanical families which are currently used in folk medicines for treatment of cholera in Odisha are documented. The present study reported 6 new ethnopharmacological plant species which are used and easily available but not documented by researchers of Odisha to cure cholera. The present investigation will help the researchers to document the traditional knowledge on the treatment of cholera. More attempts should be made to authenticate and evaluate the efficacy of these plants and products used by the tribal communities of Odisha (Dash and Bisht, 2013).

Yumnam and Tripathi (2012) who conducted field surveys in Meitei, the valley inhabitant of Manipur have the tradition of eating raw leaves, young inflorescences, tender stalks and other plants’ parts with their indigenous sauce Ametpa or with indigenous dish Eromba or as an ingredient of indigenous salad Singju with the main course of food. Local people of 30-70 years age group, of both the genders were interviewed on the different types of plants’ parts they have been eating raw for generations and medicinal values they obtained from this mode of eating. The interviewees are represented from a wide array of the disciplines of the localities (vendors, collectors, users, scientific societies, etc.) to gather the maximum information related to plants and benefits derived.

Traditional knowledge forms a significant element of the intellectual and cultural heritage of indigenous people that reflect their social and historical identity and significantly contributes to the future well-being of the society. Hirwade and Hirwade (2012), analysed the features of indigenous knowledge,
protection of traditional knowledge in India and its benefits, biopiracy issues, and Indian experience. It further discusses the national and international initiatives and Traditional Knowledge Digital Library, its benefits and outcomes against biopiracy.

Pandikumar et al. (2011) made a study of the healers trained in traditional ways, in Mayiladumparai blocks of Theni District, Tamil Nadu, India. Materials and methods the interviews and field observations were carried out in all the 18 village panchayaths. The interviews were conducted with 80 traditional healers, after obtaining prior informed consent. Successive free listing was used to interview the informants. The informant consensus factor (Fic) was calculated to estimate the use variability of medicinal plants. Fidelity index and Cultural importance index were also calculated to analyze the data. As a result this study recorded the ethno-medicinal usage of 142 ethno-species belonging to 62 families that were used to prepare 504 formulations. Jaundice had a higher value than all the illness categories studied.

A study of the practice of traditional medicine was carried out among the people of Rawain valley, Uttarkashi. The results documented 63 plants to assess their therapeutic significance in managing various diseases in the villages of the valley. Fresh leaves, roots, fruits, bark, stem and sometime whole plant are reported to be used for treatment of various ailments. Since, the knowledge of various medicinal plants being used is confined to mostly local healers, it is of utmost importance to document this knowledge for future generation, otherwise it will be lost forever with the death of local healers/knowledgeable person (Negi, Maikhuri and Vashishtha, 2011).

Prakasha et al. (2010) did a field study with 66 preparations made out of 58 plant species specifically employed in prenatal (14), postnatal (23) and child healthcare (29) in folk medicine of Kerala. Details about the preparation and administration of medicine, plant parts used, local names, dosages and status of
occurrence of species - wild, naturalized, cultivated or marketed, are provided. An analysis of these, 58 plant species show that 37 species (63%) are native and the rest 21 species (36%) are naturalized exotic. Of the 37 native species, 14 species occur wild and the rest 23 species are either cultivated or planted.

In India, snakes are one of the most sacred and worshiped second only to the Cow. Snakes pose threat to human beings by their appearance and specific characters. In reality, both poisonous and non-poisonous types exist, but people dying of fear are more than of poison. Modern medical science has taken the use of snake venom as medicine from the traditional one, but much more is there to be analyzed, studied and incorporated into the modern medicine for the good of the mankind (Tankesh and Muktesh, 2010).

A survey was conducted to gather information about utilization of plant resources for the treatment of eye infections, prevalent in tribal habitations of Nallamalla forests, Andhra Pradesh. The intensive foray yielded 33 species belonging to 29 genera and 22 families of flowering plants. The medico-botany along with formulations and dosimetry of the crude drugs were reported (Venkata et al., 2010).

Shukla and Chakravarty (2010) documented the traditional knowledge of medicinal plants that are in use by the Raj-Gond tribes residing in Korba district of Chhattisgarh. Raj-Gonds usually approach Baiga and Vaidhraj, who are the traditional healers. These healers also diagnose the disease through magico-religious methods. They identify the involvement of spirit, demons or deities. Raj-Gonds are pluralistic in seeking treatment for various illnesses and diseases. However, they prefer the traditional healers. They documented the information on various herbs, including the derivatives or parts of the herbs they use, preparation of the drug for use, dosage and they warrant evaluating medical efficacy of these traditional medicines and documenting oral traditional knowledge, which persists among tribal communities.
Rajakumar and Shivanna (2010) conducted an ethno-medico-botanical field survey to document the uses of medicinal plants by traditional herbal healers in Sagar Taluk of Shimoga district, Karnataka State, India. The information about plant species and their local name, part used, mode of drug preparation, dosage and duration was collected from 22 herbal practitioners and documented that folk practitioners treat various common to chronic human and veterinary ailments. Traditional healers in the study villages have a fairly good knowledge about the medicinal values of locally available plants, discussed in this paper.

The study deals with the traditional herbal drugs used to treat various ailments by local castes and communities residing in certain selected villages of Bhadravathi Taluk. Folk herbal healers in the study villages of Bhadravathi Taluk have a fairly good knowledge about the medicinal values of locally available plants. A total of 40 plant species belonging to 26 families was used to treat 25 human diseases and disorders. The information about plant species, local name, parts used, mode of drug preparation, dosage and duration was also documented (Shivanna and Rajakumar, 2010).

The Tagin tribe is an indigenous group of people living in the upper Subansiri district of Arunachal Pradesh. A study of the practice of Traditional Medicine (TM) was carried out among these people. The result documented 10 medicinal plants used by the Traditional Medicinal Practitioner (TMP) of Tagin tribe for use in traditional medicine. Fresh leaves, fruits, bark and stems are reported being used in TM for treatment of ailments like diarrhoea, jaundice, wound healing, fever, etc. (Goswami et al., 2009).

Prashantkumar and Vidyasagar (2008) conducted a survey of medicinal plants of different rural and forest areas of Bidar district. It was found that the
drug preparations of plant origin are commonly used by tribes, local inhabitants and folk practitioners for the treatment of skin diseases. About 26 plant species of 25 genera belonging to 16 families are described along with the method of drug preparation, mode of administration, probable dosage and duration of treatment. The aim of the study is not only to prescribe the remedies for skin diseases in human beings, but also an endeavor to draw attention to the need of a detailed study on medicinal plants of the area, which could provide better and efficient remedies for many other dreadful diseases.

Hynniewta and Kumar (2008) conducted survey to provide first-hand information on the herbal remedies practiced by the rural folks of Meghalaya. During the study, out of several known herbal plants 54 plant species belonging to 53 genera and 38 families were found to be used by the local medicine men and village folks to cure various ailments. The report incorporates the mode of application and dosage of these herbal drugs, which is obtained with great difficulty because in many cases these medicine men are reluctant to share their knowledge.

The communication provides the findings of the folk therapy used for the treatment of eczema, bone fracture, boils, sores and gingivitis of the Taragtal province at Ganai block of Almora district in Uttaranchal. The general population and the traditional herbal healers continue to rely on their folk system of medication for their healthcare. The study explored the folklore therapy of this region for the treatment of eczema, bone fracture, boils, sores and gingivitis for the betterment of the common people and wider application (Arya and Agarwal, 2008).

Traditional herbal medicine is predominantly practiced by the rural people of India, especially remote areas such as the Uttara Kannada District in Western Ghats of Karnataka. Local traditional healers play an important role in the management of reproductive health problems of the native population due
to socioeconomic and geographical factors. This study identifies herbal remedies not previously documented, that are used by indigenous people in the treatment of reproductive disorders. Additionally, the study highlights the need to retain and explore the rich biodiversity associated with Indian rain forests that may result in the discovery of new medical treatments. Finally, the study notes that there is the continuing reliance on herbal medicines and healing traditions of local people in remote areas. Understanding and working with local healers and tribes provides a unique opportunity to learn about the use of potentially new herbal and plant medications (Hegde, Hegde and Kholkute, 2007).

Bode (2006) explains about the market for Indian medical traditions: Ayurvedic and Unani. What kind of indigenous medicines dominates the Indian market? To whom are those marketed and what are the images used by the industry to promote their products? How do large manufacturers construct the 'Indianness' of their commodities? Based on ethnographic research among large Ayurvedic and Unani manufacturers in India during the period 1996-2002, data for this paper was generated from open-ended interviews, conversations, observations, and company publications such as popular and semi-popular periodicals. Promotional materials and research reports were also used, as well as popular writings on Indian medicine such as articles in general newspapers and magazines. The study concludes with a discussion of the effects of commoditization of Ayurvedic and Unani medicines for clinical practice and the consequences of this development for the poorer sections of Indian society.

Prashantkumar and Vidyasagar (2006) conducted a floristic survey of Bidar district to assess the medicinal value of herbaceous flora. It is observed that local people practice traditional system of medicine in their healthcare system. About 30 plant species, belonging to 29 genera and 20 families largely used as medicine by tribals and local people of Bidar have been enumerated in
this study. These plants contain valuable chemical substances and are employed in the treatment of various ailments. The present work aims at documentation of traditional uses of the local medicinal plants for the benefit of mankind and further scientific investigation.

Yadav, Sureshkumar and Siwach (2006) revealed valuable phytotherapeutic information on the various gynecological disorders and discussed uses of 17 plant species for menstrual disorders, 15 species for leucorrhoea, 6 species for delivery problems, 5 species for gonorrhea, 4 species for lactation troubles, 3 species for abortion and 2 species for miscarriage have been enumerated. Information on 52 plants with their botanical and vernacular names, family, prescriptions with therapeutic doses and uses are also presented.

Muthu et al. (2006) undertaken an ethno botanical survey to collect information from traditional healers on the use of medicinal plants in Kancheepuram district of Tamil Nadu, the indigenous knowledge of local traditional healers and the native plants used for medicinal purposes. The investigation revealed that, the traditional healers used 85 species of plants distributed in 76 genera belonging to 41 families to treat various diseases. The documented medicinal plants were mostly used to cure skin diseases, poison bites, stomachache and nervous disorders. The traditional healers are dwindling in number and there is a grave danger of traditional knowledge disappearing soon since the younger generation is disinterested to carry on this tradition.

People living in tribal areas often faced obstacles in accessing basic health care services due to the remoteness and backwardness of the areas in which they live. Understanding the health care needs of tribal people in these difficult circumstances with special focus on utilization of tribal indigenous medicinal substances is significant for devising comprehensive programs. Data on socioeconomic status, knowledge on indigenous medicine, beliefs, practices, and health seeking behaviors were collected from traditional healers and
service providers in the primary health centres in two villages- Mualnuam and Thuangtam in Manipur, India. The health care services as part of the larger public health domain, is in a very poor state both in terms of infrastructure and service providers. Nearly all the women respondents indicated their preference towards indigenous medicine or homemade remedies and traditional healers at the primary stage of their illness. Thus, scope of indigenous medicine becomes important. Peoples’ belief in indigenous medicine can play a vital role in implementing Government programmes on improving and promoting Indian system of medicine in rural areas and at the same time recognizing the local tribal medicine (Guite and Acharya, 2006).

Venkata and Venkata (2005) described with 25 little known plant crude drugs belonging to 16 plant families used in leucorrhoea and menorrhea, the common ailments in women prevalent in tribal communities inhabiting the Eastern Ghats of Andhra Pradesh. Of 25 plant species, 2 are used for menorrhea, 7 for leucorrhoea and menorrhea and 16 species are used only for leucorrhoea.

*Tinosporacordifolia* (Guduchi or Amrita) is an important drug of Ayurvedic System of Medicine and found mention in various classical texts for the treatment of diseases such as jaundice, fever, diabetes and skin disease etc. At present, this drug has been subjected for numerous chemicals, pharmacological, pre-clinical and clinical investigations and many new therapeutic applications have been indicated. This paper presents a critical review in areas of chemical constituents, proved pre-clinical and clinical trials along with its medicinal uses in different streams of medical sciences (Sinha et al., 2004).

This study deals with 64 species of plants belonging to 42 families and 57 genera. The plants discussed are all used as medicine among ethnic groups in Sikkim. Important ailments purportedly cured by these plants are epilepsy,
leprosy, paralysis, asthma, typhoid, diabetes, and hemorrhages during childbirth, cholera, as well as others. Some of these plants are also used as food items and play a significant role in the rural economy. A few of these medicinal plants are believed among ethnic people to prolong life and are part of local tradition. Though allopathic medicines are in vogue, herbal medicinal practitioners do a brisk business. The herbals in the region are in danger of economic exploitation by the rural folk as well as commercial collectors. In order to conserve these important resources, management options, including the cultivating of medicinal plants, should be explored (Singh, Rai and Prasad, 2002).

### 2.2.2 Folk Medicine Studies at International Perspective

Nono et al. (2014) reported after an attempt has been made to congregate the traditional studies done on many important medicinal plants. Drymariacordata is a weak, spreading herb found widely dispersed in damp places all over the tropics of Africa, Asia and the Americas. There are many reports on its folk and traditional uses that include snake bite, skin diseases, peptic ulcer, headaches or nephritis, female infertility, sleeping disorders, convulsions, and febrile conditions in children. The plant has been examined on the basis of scientific in vitro and in vivo evaluations possessing the major pharmacological activities that include analgesic activity, antitussive activity, anxiolytic activity, antipyretic activity, antinociceptive activity, anti-inflammatory and antibacterial activities. The information summarized here is intended to serve as a reference tool for practitioners in the fields of ethnopharmacology, natural product chemistry and drug discovery related research Author(s).

Concerned with the negative impacts of user fees on healthcare access and utilization, following the enactment of a law in 2003, the Ghanaian government replaced the ‘cash-and-carry’ system with a National Health
Insurance Scheme (NHIS). Even though many Ghanaians rely on traditional medicine (TRM) for reasons of culture, cost and personal preference, the incipient NHIS does not cover the services of TRM practitioners. Consultations with health policy-makers suggest that, in as much as the government recognizes the invaluable contributions of TRM practitioners and would like to incorporate them in the incipient scheme; the provision of TRM in the country is still too disorganized, with few if any formal protocols and codes of conduct. Consequently, the inclusion of TRM practitioners in the NHIS is premature. This scholarly review seeks to bring TRM and its practitioners into the mainstream of healthcare provision in Ghana. Possibilities for medical pluralism in Ghana will be discussed with reference to best practices in countries such as China, and Vietnam (Barimah, 2013).

Bishop (2012) made an effort for media coverage of medicine in South Africa existed, yet much of what did exist centered primarily on traditional healing practices. It was not until the introduction of HIV/AIDS that traditional medicine was seen as having some potential value to the population, so far as the ability of traditional healers to direct patients to biomedical treatment. This study examines how the contemporary western media portrays medicine in South Africa and how the introduction of HIV/AIDS as a major news story has shifted the depiction of western and traditional medical treatment. Insights from these questions are examined in the light of the colonial context of South Africa's political struggle over medicine.

Simons (2011) explores the utility of ethnography in accounting for healers’ understandings of HIV/AIDS and more generally sexually transmitted infections-and the planning of HIV/AIDS education interventions targeting healers in urban Zimbabwe. He argues that much of the information utilized for planning and implementing such programs is actually based on rapid research procedures (usually single-method survey-based approaches) that do not fully capture healers’ explanatory frameworks. This incomplete information then
becomes authoritative knowledge about local ‘traditions' and forms the basis for the design and implementation of training programs. Such decontextualization may, in turn, affect program effectiveness.

Traditional healers provide a substantial proportion of health care in resource-poor settings, including countries with high burdens of HIV in sub-Saharan Africa. Traditional healers have played many roles in HIV care, but some biomedical providers view them as obstacles in providing HIV treatment. This is a qualitative study exploring the roles played by traditional healers in a community-based program rolling out antiretroviral therapy (ART) in two rural communities in Lesotho. Seventeen traditional healers took part in interviews, focus groups, and participant observation sessions over a 2 year period. Traditional healers took on a variety of roles in the ART rollout, including HIV prevention activities, HIV testing, monitoring patients, and participating in joint learning sessions. This study shows that traditional healers can provide a variety of community-based HIV services and are not obstacles in advancing care in the communities they serve (Furin, 2011).

Keightley et al. (2011) explored the perceptions of treating and healing brain injury from First Nations elders and traditional healers in the communities served by Wassay-Gezhig-Na-Nahn-Dah-We-Igamig (Kenora Area Health Access Centre). Methods a participatory action approach was used, leading to a focus group with elders and traditional healers. Findings, established through a framework analysis method, were member checked prior to dissemination. Findings four themes arose from the data: pervasiveness of spirituality, “fixing illness” or injury versus living with wellness, working together in treating brain injury, and financial support needed for traditional healing. Implications funding is required for traditional healing services to provide culturally safe and responsive occupational therapy services to First Nations individuals with brain injury.
The majority of Cameroonians depend on traditional medicines for their health care needs and about seven per cent of the average household health budget is spent on traditional medicines irrespective of their incomes. The aim of the present study was to determine the oral care knowledge and practices of Traditional Healers (TH) on oral health delivery in the urban and rural areas of Bui Division of Cameroon and the objectives to determine the cost of treatment and reasons why people visit TH. Methods the present study was cross sectional and utilized semi-structured questionnaires to collect data. Results the sample consisted of 21 TH and 52 clients of TH. Sixty two percent of the TH's were above 40 years and 90% male. The mean age was 46 years (range 20-77 years). Twenty four percent of the TH practiced as herbalists and the remainder both divination and herbalism. Sixty seven percent of people in the Bui Division, who patronize TH for their oral health needs, fall within the 20-40 year age group. Conclusions Traditional healers are willing to co-operate with oral health workers in improving oral health. Since they have a vital role to play in health care seeking attitudes in this community and barriers affecting the oral health seeking behaviours should be removed. Mutual cooperation, collaboration and by integrating TH into primary oral health care services needs to be increased (Agbor and Naidoo, 2011).

The extraction of the teeth by traditional healers in Cameroon is an established cultural practice in the central region of the Cameroon. Traditional Healers (THs) use herbs and crude unsterilized instruments and tools for the tooth extraction procedure. The present study investigates the knowledge and practices of traditional healers regarding tooth extraction and the management of its complications, reported using herbs to control bleeding and pain after extractions. One hundred and fifty patients were interviewed. Conclusions Tooth extractions using medicinal plants are well established in Lekie division, Cameroon. Infection control during extraction is not standard. Traditional healers are willing to co-operate with oral health workers in improving oral health of their patients. Mutual cooperation, collaboration and integrating TH
into primary oral health care services need to be increased (Agbor, Naidoo and Mbia, 2011).

Infertility affects many women in Cameroon, with a rate of about 25%. This study aimed at collecting and documenting information on herbal remedies traditionally used for the treatment of women infertility in Baham subdivision (Western Region of Cameroon). Materials and methods Fieldwork was undertaken as an ethno pharmacological survey involving thirty-two traditional medicine practitioners interviewed in 8 villages of the Baham subdivision. Personal information on interviewees as well as issues related to medicinal uses of plants were recorded using structured questionnaires. Results from this inventory, a total of 46 plant species belonging to 43 genera and 26 families have been registered. These plants are used in 32 recipes and prepared as maceration (43%) or decoction (40%) of only one plant (25%) or of the mixture of two (22%), three (28%), four (22%) or even seven (3%) medicinal plants. Globally, they are given orally during 30 days, at an average dosage of two glasses per day. The literature confirms the use of the majority of these plants for the treatment of the woman infertility and illnesses that are associated with it. This study shows that traditional healers of the Baham subdivision use various recipes of medicinal plants for the treatment of female infertility. The valorization of this potential could be important for the conservation of these plants and the improvement of women’s reproductive health (Telefo et al., 2011).

Traditional healers (morbaan) played an important role in Thai health long before the introduction of Western medicine. Although modern health professional plays a key role of health care provider of Thai health care system, traditional healers and their practice still exist in most rural areas of Thailand. The study addresses the roles and practices of traditional healers in southern Thailand. Most of the traditional healers chose their role because they were influenced by their ancestors, though a few chose it because of individual
interests and a desire to help ill people. All are trained in multiple skills, using supernatural spirits, ceremonies and natural plant products as resources for counteracting various health problems. They refer patients to modern hospitals or other healers if they cannot adequately manage illness themselves (Suwankhong, Liamputtong and Rumbold, 2011).

Nxumalo, Alaba and Harris (2011) reported on the utilization of traditional healers, using data obtained in a 2008, national survey of 4762 households in South Africa. Only 1.2 percent of survey participants reported utilization of traditional healers. Respondents’ reasons for visiting traditional healers included continuity of care and a belief in their effectiveness. Traditional healer utilization rates (0.02 visits per month) were considerably lower compared to utilization rates of public sector clinics (0.18 visits per month) or hospitals (0.09 visits per month). Almost three-quarters of the poorest quintile spent more than 10 per cent of their household expenditure in the previous month on traditional healers. Given the use of two parallel health-care systems, policy-makers should develop strategies to protect poor South Africans from out-of-pocket payments for health care. Simultaneous utilization of these systems evidently absorbs expenditure of low-income households significantly.

Bojuwoye and Sodi (2010) made discussion of the limitation of Western psychological practice, their call to integrate traditional healing practice into counseling and psychotherapy. It also explores the challenges to and opportunities in integrated psychological practice systems which revolve around issues related to different paradigmatic perspectives about health and ill-health, practice issues and negative characterization of traditional healing and traditional healers, research into traditional healing and uses of herbal medicines. The paper concludes with discussions on education and training opportunities, for traditional healers, counsellors and psychotherapists, for addressing challenges to integration and ensuring effective service delivery.
Drawing on data collected from 3 focus groups with 24 traditional healers, the aim of this qualitative study was to use the constructs of the Theory of Planned Behaviour (TPB) to gain an understanding of traditional healer referral practices of their patients with a mental illness. Results indicated that traditional healers possess a concept of mental illness, mainly referring to a patient behaving abnormally. They often report regularly treating patients with these behaviours. Traditional healer referral to Western care is considered a temporary measure or a last resort. A majority of healers feels that allopathic physicians do not treat them with the respect that they feel their contribution to the health of the community warrants. Recommendations include the need for traditional healers to be trained to identify potential cases of mental illness in their communities and for dialogue between traditional and allopathic physicians in regard to mental health care (Sorsdahl, 2010).

Martos and Miguel (2010) explored the role played by indigenous medical agents, and their knowledge, within contemporary tuberculosis campaigns in sub-Saharan Africa. To understand the historical framework within which the World Health Organization devised its strategies to promote and develop traditional medicine as of the 1970s, the article contextualizes contemporary medicine as a cultural legacy of colonial medicine. Under the public healthcare projects analyzed in the article, local medical practices were assessed and indigenous agents trained so they could take part in strictly biomedical activities, like symptom identification, referrals to hospitals, or supervision of drug treatments.

Kidney diseases are becoming public health problem worldwide, particularly in Africa. Kidney symptoms are frequent in African population witch have recourse to traditional medicine for primary cares. Thirty traditional healers were interrogated and results showed that they had limited knowledge on the kidney, urine origin and kidney disease symptoms. Eighty-three percent
of traditional healers found that the origin of kidney symptoms was related to food supplementation. This traditional use is justified par bibliographic data on a few plants. In conclusion, although traditional healers have limited knowledge on the kidney, they continue to provide medicinal plants to treat kidney symptoms. There is a great need, in Burkina Faso, for studies to define the medicinal plants inventory, their evaluation use, and their effects on the kidney diseases (Lengani, Lompo and Guissou, 2010).

Mollik et al. (2010) conducted an ethnomedicinal survey in two sub-districts (upazillas) each of three districts of Bangladesh revealed that there is both inter- and intra-district variation between the choices of medicinal plants selected by folk medicinal healers (kavirajes) to treat any specific ailment. The variations cannot be accounted for by differences in climate or plant availability for most of the plants used by the kavirajes are available in all six upazillas where the survey was conducted. Most kavirajes claimed that they obtained information on medicinal plants either from ‘gurus’ or from elderly members of their family.

Herndon et al. (2009) revealed extensive medicinal plant knowledge of Amazonian tribal peoples is widely recognized in the scientific literature and celebrated in popular lore. Despite this broad interest, the ethno-medical systems and knowledge of disease which guide indigenous utilization of botanical diversity of healing remain poorly characterized and understood. No study, to our knowledge, has attempted to directly examine patterns of actual disease recognition and treatment by healers of an Amazonian indigenous culture.

Chinsembu and Kazhila (2009) presented a five-step contextual model for initiating collaboration with Namibian traditional healers in order that candidate plants that may contain novel anti-HIV agents are identified, and traditional medicines used to treat HIV/AIDS opportunistic infections are
subjected to scientific validation. The study provides a framework for future collaboration with traditional healers and the selection of candidate anti-HIV medicinal plants and ethno-medicines for scientific testing in Namibia.

‘Traditional healers’ (sangomas) in Mpumalanga Province, South Africa, are organized into ‘schools’ around a senior teacher (gobela). Healing is understood by its practitioners to be a profession, not a religion or even a spiritual exercise. Healers actively assess the effectiveness of their healing methods, transmit their knowledge to each other, and evaluate each other’s performance in ways that stray far from the mere transmission of ‘tradition’ (Thornton and Robert, 2009).

HIV/AIDS is not just a regional but global challenge. Globally, about 40 million people are living with HIV/AIDS with 70 per cent living in the continent of Africa. Antiretroviral drugs have not yielded deserving results in checking the menace of the disease. Thus, there is the need for a complementary measure to check the spread of HIV/AIDS. This study examines the role of traditional healers and their product in the management and prevention of HIV/AIDS. The experiences of the countries using the traditional medicine and healers in the management of HIV/AIDS are examined. The paper concludes that given the necessary support, traditional healers can be integrated into research that will give hope for the entire human race in the control of HIV/AIDS (Amzat and Abdullahi, 2008).

Shoko (2007) presented the Karanga traditional system of therapy of illness and disease manifest in the treatments administered by the medical practitioners. In order to establish the traditional system of therapy of illness and disease, numerous interviews were carried out with healers, herbalists and elders in the field area. This enabled a systematic compilation of cases. There was also the pressing need to be present in rituals and instances where healing was effected and to observe therapeutic processes.
In Nigeria Traditional Healers Play an Important Role in Health Care Delivery and the Majority of the Population Depend on them for most of their Ailments. The Aim of this study was to investigate the perceptions of traditional healers regarding causes, symptoms, treatment of uncomplicated malaria and referral practices for severe malaria with a view to developing appropriate intervention strategies for improving referral practices for severe malaria. The Traditional Healers believed that the Treatment of Severe Malaria, especially Convulsions, with Herbal Remedies was very effective (Okeke, Okafor and Uzochukwu, 2006).

Peltzer, Mngqundaniso and Petros (2006) investigated the HIV/AIDS/STI and TB knowledge, beliefs and practices of traditional healers in South Africa. In a cross-sectional study 233 traditional healers were interviewed in three selected communities in KwaZulu-Natal. Results indicate that the most common conditions seen were STIs, a variety of chronic conditions, HIV/AIDS (20%) and tuberculosis (29%). Although most healers had a correct knowledge of the major HIV transmission routes, prevention methods and ARV treatment, their knowledge was poorer on other HIV transmission routes, and 21% believed that there is a cure for AIDS. A minority reported unsafe practices in terms of reuse of razor blades on more than one patient and the reuse of enema equipment without sterilization, and two-thirds used gloves when carrying out scarifications. Randomized control trials are called in to test the effectiveness of traditional healing for HIV/AIDS, STI and TB prevention and care.

Traditional, complementary and alternative medicine (TM/CAM) is globally increasing in popularity. The World Health Organization (WHO) has advocated for the integration of TM/CAM in national public health policies to enhance health care resources. Interest in collaboration between traditional and biomedical health sectors has been renewed in attempts to strengthen control of
the AIDS epidemic. However, studies exploring communities’ views on the prerequisites for such collaboration are inexistent. This study shows that laypersons’ perspectives can be rich and inform complex policy issues (Kaboru et al., 2006).

Significant number of Finns consults annually indigenous healers for their low back pain (LBP). Bone setting is the most vital traditional Finnish mobilization treatment of LBP. In the study have clarified healers’ believes on the pathophysiology of back pain and observed them at work to clarify the effectiveness of treatment by medical check-up and by interviewing the patients who also compared the benefits of this method with their previous other treatments such as drugs, exercise and physiotherapy (Rasanen, Leinonen and Zaproudina, 2005).

In Mali, the empirical knowledge of plant medicine is held by traditional practitioners. Scientific studies have been carried on some plants and they have confirmed their local issues, but few data are available on the toxicity of Malian medicinal plants. In the present work, record the toxic plants used as medicines in the Bamako district, Mali, with the aim to evaluate the knowledge of traditional healers and herbalists on the toxicity of the plant used. A survey was carried out on the market places in the Bamako district and 106 healers and herbalists were interviewed. A survey of the scientific literature was conducted to verify or sustain the claimed toxicological data. Nineteen plants are arranged according to their frequency of quotation based on the questionnaire. The information includes the botanical name, literature survey of the pharmacology of the plants, the healers’ knowledge about plant toxicity and its prevention by some of the healers (Maiga, 2005).

Mall (2005) explored the attitudes and approaches of health care professionals working in antiretroviral (ARV) roll out sites in South Africa to patients taking traditional medicine. It shows that health professionals are
concerned about the possibility of traditional healers undermining an ARV roll out programme through providing untested substances that could interact adversely with ARV drugs. Furthermore, traditional healers could even discourage patients from adhering to their ARV regimens. The research note also explores the opinion of the health workers towards possible collaboration between medical professionals and traditional healers. Many health care professionals were willing to collaborate with traditional healers but on their (the health care professionals) own terrain. Health care professionals would prefer to be solely in charge of the drug regimen with trained traditional healers supporting such a biomedical intervention. They would prefer traditional healers to concentrate solely on spiritual treatments as rituals.

Traditional healing in South Africa is undergoing a process of change. Recognition of the role of traditional healers in health care, especially in the face of the HIV and AIDS pandemic, has led to government calls for professionalization amongst this group. Traditional healers themselves have been increasingly experiencing a need to professionalize in order to gain more equal treatment in the public health sector and to secure access to state resources and support. In response to these developments, the government passed the Traditional Health Practitioners Act in 2004, which sets the parameters for official recognition of healers under the state. This paper focuses on the dynamics and politics amongst traditional health practitioners as they undergo this process of professionalization, focusing on the KwaZulu-NatalTraditional Healers Council, the official body responsible for representing healers in the Province. It explores and analyses several key tensions amongst healers within and beyond the Council, showing how these tensions reveal particular power struggles over authority, as well as conflicting perspectives on the control and use of indigenous knowledge and the parameters of 'authentic' and 'appropriate' healing practice. The paper also looks at how the Kwa Zulu-Natal Council has attempted to mediate these tensions, emphasising that healers will have to find ways to resolve such
conflicts in order for them to be able to come together and work on a common vision of professionalism (Devenish, 2005).

Medicinal plant knowledge of two groups of traditional healers was thoroughly studied during a 2-year ethnobotanical survey in the Bolivian Andes (Quechua farmers from Apillapampa) and Amazon rainforest (Yuracaré-Trinitario slash-and-burn cultivators from Isiboro-Sécure National Park), respectively. Both areas represent ecologically and culturally diverse zones, differing in floristic diversity, physical accessibility to health care and degree of modernization, the latter evidenced by presence or intensity in use of modern services such as electricity, water distribution, and materials for house construction. It is generally believed that indigenous people have an impressive knowledge of useful plant species and that this knowledge reflects the plant wealth of their living environment. However, the present study shows that healers’ knowledge of collecting medicinal plants is higher in the Andean area characterized by a longer history of anthropogenic activity, than in the biodiversity-rich rainforest (Vandebroek et al., 2004).

Traditional medicines play an important role in the provision of health care in many developing countries. Their use is also significant in developed countries, increasing their commercial value. Several ‘high-profile’ cases of patenting of traditional medicines, without consent from or compensation to their holders, have further focused attention on their importance. Traditional medicine usually involves biological resources and the knowledge of local and indigenous peoples and/or healers regarding their medicinal use; thus, it is interlinked with biodiversity conservation and indigenous peoples’ rights over their knowledge and resources. At this multi-faceted interface, complex ethical questions arise. This article provides an overview and discussion of key issues, dilemmas and challenges. It points to possible modifications and at ways to devise new forms of intellectual property ownership that may better suit the needs of those who seek to protect traditional medicine. Yet it also questions
whether such protection, which may restrict access, is the preferred option. While intellectual property protection for traditional medicines has multiple and diverse objectives, the priorities are often not clear and the strategies which could be deployed may interfere with each other, as well as with the prioritization of objectives. This is further aggravated by differences in stakeholders' concepts of ownership of knowledge and by uncertain or paradoxical effects of some potentially useful strategies. Thus, policymakers should address the multiple, multi-layered issues and questions, and try to develop a range of solutions in order to address and balance the various objectives and interests (Timmermans, 2003).

Medical group insurance administrators can expect South Africa's 250,000 traditional healers to knock on their doors for payouts in the near future after the release of the new draft Traditional Health Practitioners' Bill. "The potential impact on the medical aid funders is enormous. It is likely to be highly controversial in theory and even more difficult in practice," said Gary Taylor, director of Medscheme, South Africa's largest medical plan administrator. At present, the Medical Schemes Act prohibits payments to traditional healers because they are not registered under South African law. The new bill seeks to establish an interim Traditional Health Practitioners' Council under which they would be registered (Pela, 2003).

Poudyal et al. (2003) evaluated a western medical training model for traditional healers (THs) in rural Nepal. They used semi-structured interviews to compare 48 trainees with 30 randomly selected untrained THs, 1 year after the training was completed. We asked them about their knowledge of the causes, prevention and treatment of common illnesses and HIV/AIDS, and their relationship with government health workers (GHWs) in the area. Nine GHWs were also interviewed about their perceptions of THs. We found that trained THs had a better knowledge of allopathic medicine, practiced modern treatment using first aid kits, and were more likely to refer patients to GHWs.
They also improved their relationships with the GHWs. Up-scaling this model is a challenge for improving community health care in Nepal in the future.

Even with the expansion of modern medicine, African traditional healers remain popular. This paper advances an economic perspective of healers to contribute to an explanation of this phenomenon. An important element of their practice has previously been ignored: healers use and are able to enforce outcome-contingent contracts. This, in turn, allows them to credibly deliver high quality care. Data on patient choice of health facility from Cameroun shows that patients choose healers over modern facilities for reasons that can be directly traced to the advantages inherent in the use of outcome-contingent contracts (Leonard, 2003).

Traditional medicine in the Andes moves us automatically to the figure of traditional healers, and, in some cases, automatically to censure their work. Albeit they have been present in the community health system for many years, they do not seem to fit into the modern model of medicine and health care. Nevertheless, they retain years of knowledge about the use of local medicinal plants. The knowledge differs between traditional healers from different places; accordingly, for example, to the proliferation of flora at certain altitudes. Most of them act as "hidden agents" and only become "visible" when peasants with specific "problems for the traditional healer" need them. We intended through a respectful approach that recognizes the value of their experience to demonstrate their resources commonly used for certain conditions, to share between them their knowledge, and to teach young people. The picture shows a traditional healer (man, standing on the left) from Ccatupata community during a community exhibition and exchange of medicinal plants (Miranda, Nunez and Alca, 2002).

Alawamy (2001) revealed that, there are several compounds used in traditional prescriptions and as cosmetics, among several tribes in the Kingdom
of Saudi Arabia. Nothing pertinent in the literature exists regarding the components and health hazards of these compounds. There are no health education programs to warn the community especially high-risk populations (such as sickle cell anemia and diabetes mellitus patients) of the hazards involved in the use of the traditional preparations. Traditional and folk medicine continue to be used in many developing countries, including the Kingdom of Saudi Arabia. For physicians who are not accustomed to dealing with this entity, particularly when the patients are children, the presentation of an infant with multiple scars can be an upsetting event. It is unlikely that such native medical practices will disappear in a short time. The objective of this review is to highlight the importance of this entity for physicians and practitioners to understand the treatment and the perception of the patient or their relatives. The review also provides our experience in evaluating the plant remedies which were used by our patients.

New York City has a large Dominican community that utilizes a variety of traditional healing resources, yet relatively little is known about their ethnomedical concepts and practices. This study focuses on six Dominican traditional healers who participated in a cross-cultural study on therapies for women's health problems in New York City. Healers were located through community networks and botanical shops and were interviewed about their backgrounds, healing traditions, and therapeutic techniques. Women patients with prior medical diagnoses were taken to the healers for consultations and healers were interviewed regarding their diagnostic process and treatment recommendations. The study describes the healers' perspectives on their healing traditions, practices, and treatment approaches. In general, healing traditions are transmitted primarily through older female kin, and healers use a multidimensional, holistic approach to health care. In addition to these similarities, the healers also demonstrate variation in training, diagnostic techniques, and treatment approaches—a feature common to oral healing traditions. Hence, it is discussed the potential contribution of traditional healers
to health care in urban settings and the importance of improving understanding by mainstream medical practitioners of the ethnomedical traditions of their patients from immigrant and minority communities (Marian, Bonnie and Fredi, 2000).

2.3 Conclusion

To conclude, exiting literature studies on folk medicines reveals a fair number of articles appearing at national and international level covering various traditional models for treating various diseases. It should be noted that most of the studies in this area emerged from a science background and of course e-content on the perspective of library and information sciences is very less. The present study would be a valuable source of information in library and information science and adds a new dimension of research in the library science.
References


