

## Research Article

# Complaints and Advices of Alternative Medicine among Pilgrimages Visitors in Vivahpanchami at Janakpurdham, Nepal

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### ABSTRACT

**Background & Objectives:** Potential health related risks and spread of communicable disease is one of the challenges of religious mass gatherings. With the rise of globalization, parts of Ayurveda are now popularized as a form of alternative medicine. In Nepal, Ayurveda medicine faces lots of challenges, and is under threat due to inadequate funding, ignorance of modern diagnostic technologies, and insufficient quality research. It is vitally important to

continually monitor and promote Ayurveda in the modern era of allopathic medicine. Thus, this study aimed to identify the main complaints and advices on Ayurvedic medicine among pilgrims visiting Vivahpanchmi in Janakpurdham, Madhesh Province, Nepal.

**Materials and Methods:** The information was gathered from the registration book of pilgrims who attended an Ayurveda health camp at Rangbhumi Maidan (Barahbigaha) in December 2023, organized by the Ayurveda and Alternative Medicine center, Janakpurdham Sub Metropolitan office, Dhanusha, Madhesh Province. The extracted data were imported into MS Excel and SPSS 20 was used for analysis. Data were expressed in frequencies and percentage.

**Results:** Of the 707 pilgrims, 97.7% were from India and 2.3% were from Nepal; 68.9% of the visitors were women and 31.1% were men. Out of all visitors, less than 10% were over 60, and more than half were between the ages of 41 and 60. Gastritis accounted for the highest percentage (45.9%), followed by joint pain, weakness, back pain (31.3%), and coughing (17.1%). Only 4.4% of people reported being constipated.

**Conclusion:** The most common complaints from Pilgrims were related to gastritis (Amlapitta), which was followed by joint discomfort, weakness, and back pain (Vata). The possible ayurvedic

advices and medications were provided and distributed among the pilgrims during Vivahpanchmi.

**Keywords:** Ayurveda, Alternative Medicine, Amlapitta, Vata, Vivahpanchmi

## INTRODUCTION

Interventions in complementary and alternative medicine (CAM) have been favored by consumers and frequently used to address a variety of physical and mental health conditions [1]. Late in the 20th century, the term "alternative medicine" was coined to describe any form of medical care that differs from conventional medical practices [2]. Terminologies such as herbal medicine, alternative medicine, ayurvedic medicine, and traditional medicine are synonymous [3]. The World Health Organization (WHO) defines traditional medicine (TM) as "the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures that are used to maintain health, as well as to prevent, diagnose, improve, or treat physical and mental illnesses" [4].

According to WHO estimates, 4 billion people, or 80% of the world's population, currently receive primary healthcare through herbal medicine [5]. Traditional medicine practiced by all indigenous peoples includes a significant amount of herbal medication, as does Ayurvedic medicine. Out of 119 pharmaceuticals produced from plants, over 74% of them are used in modern medicine in ways that are directly related to their traditional applications as plant medicines by indigenous societies as reported by WHO [6]. Approximately 70–80% of people in developing countries get their primary healthcare from medicinal plants [7]. Millions

of people worldwide, particularly in countries with limited resources, depend on medicinal plants for improving their quality of life, generating revenues, and access to primary healthcare [8]. The use of plants as medicine is gradually growing in the developed world because they have either negligible or no side effects [9,10].

Huge mass gatherings appear in Vivahpanchami at Janakpurdham. VivahPanchami, an annual Hindu festival celebrated in Nepal and India in commemoration of Ram and Sita's marriage, represents morality, love, and the victory of righteousness. The celebration is extremely important to cultural significance since it embodies the timeless essence of the Ramayana and the eternal ideals of responsibility and honor [11]. The festivities of Vivahpanchmi start a few days early, with the devotees performing all the rituals with great vigour, devotion, and dedication [12]. Janakpurdham Nagar Darshan, Fulbari Lila, DhanushYagna, Tilakutsav, Matkor, Wedding Ceremony, and Ram Kaleva are all part of this seven-day event [11].

Following decades-old tradition, a procession, in the form of Baraati, travels from Ayodhya, India, the birthplace of Ram, to Janakpurdham, the capital of Madhesh Province. On December 17, 2023 (1st Paus 2080), Janakpurdham Sub-metropolitan City Mayor Manoj Kumar Sah formally inaugurated the 11,111-square-foot portrait of Ram and Sita in Rangbhum Maidan, Barahbigha. The artwork was handmade using 11 different varieties of grains and spending a total of NRs. 2,123,000 to break the Guinness Book of World Records, held by a similar-sized picture created in Ayodhya, Uttar Pradesh, India, and set a new

record in Janakpurdham [13]. The probability of contagious disease transmission during mass gatherings might lead to adverse socioeconomic outcomes [14]. Inadequate hygiene standards, crowded accommodations, shortage of water [15,16], the national, regional, and cultural diversity of pilgrims [17], differences in age and gender, the health status of the country of origin, access to advanced medical care [18], susceptibility to illness, health complications, and environmental and climate change [19] are some of the factors that contribute to infectious diseases at massive gatherings. Religious gatherings can have a high prevalence of infectious respiratory and digestive problems based on the type and location of event [16-20].

Organizers and policymakers should be conscious of the numerous religious mass gatherings that take place every year all over the world [21,22]. As a component of healing, Ayurveda addresses the lifestyle as well as the symptoms, treating the whole body and can be helpful in mitigating the potential health related risk factors. Nepal considers Ayurveda is a vital attribute in Nepal however it is under threat due to inadequate funding, ignorance of modern diagnostic technologies, and insufficient quality research. The proliferation of allopathic medicines, increased government support for biomedicine, disappearance of forests and medicinal plants, turning Indian control over the marketing of Himalayan medicinal products, social acculturation, marginalization, and migration of people are some of the factors hindering the use of Ayurveda in Nepal [3]. Most of the research studies focused on Nepal's existing herbal products; however, they remain silent on complaints and recommendations for

Ayurvedic remedies at massive religious gatherings. Therefore, the goal of this study was to pinpoint the major complaints and suggestions related to Ayurvedic medicine that pilgrims received at Vivahpanchmi in Janakpurdham, Madhesh Province, Nepal.

## **MATERIALS AND METHODS**

The study was carried out among pilgrim's visitors attending Vivahpanchmi fare at Rangbhumi Maidan (Barahbigha) on 16<sup>th</sup> and 17<sup>th</sup> December 2023 (30<sup>th</sup> Mangsir, 1<sup>st</sup> Paush 2080). The data were collected from registration book of an Ayurveda health camp organized by Ayurveda and Alternative Medicine center, Janakpurdham Sub Metropolitan office, Dhanusha, Madhesh Province. The record of the pilgrim's visitors was identified and seven hundred seven visitors' data were extracted. Prior to this study, an approval letter to conduct this camp was obtained from Janakpurdham Sub Metropolitan office, Dhanusha (Ref: 2781). The Data were entered into MS Excel and analyzed by SPSS 20. Data were expressed in frequencies and percentage.

## **RESULTS**

Total of 707 pilgrimages visitors are enrolled in the present study. Among them, 97.7% were from India and 2.3% were from Nepal; 68.9% of them were female and 31.1% were male. Less than 10% of visitors were older than 60 years, and over 50% of visitors were in the 41-60 age group. The results are depicted in table 1.

Out of all the pilgrims, the largest percentage (45.9%) had gastritis, which was followed by joint pain, weakness, back pain (31.3%), and coughing (17.1%). Merely 4.4% of the

**Table 1: Demographic characteristics of Pilgrimages Visitors**

Parameters	Number (n=707)	%
Sex		
Female	487	68.9
Male	220	31.1
<b>Country of residence</b>		
India	691	97.7
Nepal	16	2.3
<b>Age group</b>		
20-40 years	308	43.6
41-60 years	346	48.9
61-80 years	53	7.5
Mean± SD	45.09±20.32	-

**Table 2: Complaints of Pilgrimages Visitors**

Complaint	Number (n=707)	%
Gastritis(Amlapitta)	324	45.9
High Blood Pressure	1	0.1
Coughing( Kapha)	121	17.1
Constipation ( Bibandha)	31	4.4
Diabetes (Madhumeha)	6	0.8
Skin Problem	3	0.4
Joint pain, Weakness, Back pain ( Vata)	221	31.3

population experienced constipation, while only one person had elevated blood pressure. The results are shown in table 2.

## DISCUSSION

Primitive medicine was the primary form of treatment before the 18th century, when allopathic medicine was considered an alternative. Its applications are widespread. Now the situation is vice versa and the previous treatment practice is used as complementary and alternative medicine which includes several types of treatment practice [23]. Nepal is a natural repository of therapeutic herbs and is rich in culture, customs, and knowledge of traditional healing practices. Because of its advanced biodiversity and geographic structure, this country is able to cultivate a variety of priceless medicinal plants. The 1624 species

of plants belonging to 938 genera and 218 families that can be found in the wild, cultivated, naturalized, or imported are covered by the Medicinal and Aromatic Database of Nepal. These are known to be used as medicine in Nepal [24]. In fact, traditional health practices have been a strong cultural and scientific heritage which includes plant, animal, and mineral-based medicines, massage, spiritual therapies, and varieties of other techniques unique to different regions and cultures in Nepal [7].

In this study, among 707 pilgrimages visitors, 68.9% were female and 31.1% were male; 97.7% were from India and 2.3% were from Nepal. Over 50% of pilgrim visitors were in the 41–60 age range, and less than 10% of visitors were over 60 years. The majority of the pilgrims were female which might be due

to the popularity of VivahPanchmi in Nepal and India, which is celebrated to mark the marriage of Lord Ram and Sita. Due to Hindu mythology, it is apparent that women in India and Nepal are more religious than men. Men and women differed in terms of their levels of religious involvement, prayer, experience, and overall religiosity as reported by Beit-Hallahmi and Argyle. These gender differences could be due to personality and socialization differences or even more possibilities for religious activity for women [25].

Research on mechanisms linking religiosity to health outcomes has proliferated in recent years [26-28]. Over half of the visitors at the Ayurvedic camp were middle-aged or older in our study. Evidences indicates that elderly people are generally more religious than younger people; this relationship has proven accurate for both cross-sectional and longitudinal data [29,30]. Statistical correlation has been found between spirituality, religiosity, and health, along with other health outcomes [31,32]. These include heart disease, blood pressure, cholesterol, myocardial infarction, and stroke, which are cardiovascular conditions that are common in older people [33,34]. Benefits of spirituality and religion have been noted pre and post cardiac event [35]. Additionally, positive benefits on kidney function, cirrhosis, emphysema, chronic pain, cancer, disability and functional limitations, and self-rated overall health have been observed [36-39]. With regard to complaints among Pilgrims visitors, the majority (45.9%) suffered from gastritis (Amlapitta), followed by joint pain, weakness, back pain (Vata) (31.3%), and coughing (Kapha) (17.1%). Only one person had high blood pressure, while only 4.4% of the population reported constipation

(Bibandha). A well-known example of the lifestyle problems prevalent in the current situation is Amlapitta. The clinical presentation of Amlapitta requires pitta vitiation. The disease can be associated with vitiation of the vata and kapha organs. Inadequate management of this disease can lead to a number of health issues, including *Jwara, Atisara, Pandu, Shoth, Aruchi, and Bhrama. Nidanparivarjana, Sanshodhana, Sanshamanachikitsa* is the basic principle of treatment [40].

The Vata Dosha is manifested primarily in the abdominal cavity below the navel – colon, pelvis, pelvic organs, as well as the thighs, skin, ears, brain, nervous system, and lungs. It is responsible for all actions in the body, including movements of the body and mind, sensory impulses and motor regulation, breath, removal of waste, speech, and the pumping of the heart [41]. Vata individuals are more susceptible to arthritis as well as respiratory diseases such as emphysema and pneumonia. Vata problems are also commonly manifested as constipation, mental confusion, muscular twitchings, painful joints, dry skin and hair, and irregularities of the nerves. People with a vata constitution usually produce little, hard and dry stools and have low urine production rates. They tend to learn things cognitively quickly but also forget them quickly [42]. Aamalki Powder, Ashwagandha Powder, Trifala Churna Powder, Sitopaladi Churna, GandhakRasayan, Mulethi Powder, Sarapandha Tablet, Yogaraj Guggul Tablet, Jamun Churna Powder, Avipatkar Churna, Neem Powder, Tankan Powder, Dashmul Oil, Mahanarayan Oil, Kaishore Guggul, etc. were the main ayurveda alternative medicine advices and medications provided to the visitors in health camp as per the different complains made by pilgrims

visitors during Vivahpanchmi. However, considering the large number of people and huge crowds attending Vivahpanchmi, the required guidance and advices may be inadequate. Thus, it is recommended to receive a professional consultation from an Ayurveda physician and medication for specific health problems.

## CONCLUSION

The most common complaints from Pilgrims were related to gastritis (Amlapitta), which was followed by joint discomfort, weakness, and back pain (Vata). The possible ayurvedic advices and medications were provided and distributed among the pilgrims. Interdisciplinary research, standardization, quality control, and validation of ayurvedic medicine is needed to meet the international standards. Research and development towards validation of Ayurveda should be projected. The government policies should take steps towards promotion and development of Ayurveda with experiment and laboratory-based focus plan on Ayurveda treatment.

## ACKNOWLEDGEMENT

We sincerely thank the senior editorial members for providing guidance and encouragement in nurturing this manuscript.

**Conflict of interest:** None

**Funding:** None

**Author's Contribution:** Conceptual design, manuscript writing, data collection and analysis- **SSG,MPS,PKS**; data collection,

reviewed literatures- **MKJ,MPS**; Reference management, involved in writing 1<sup>st</sup> draft- **NKY, MPS, PKS**; Data collection, editing of 2<sup>nd</sup> draft, final revision, intellectual content. All authors read the final draft and agreed to publish.

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