



## Allopathic Medicine's Influence on Indigenous Peoples in the Kumaon Region of India

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### Recommended Citation

Blum, Eliana M. (2018) "Allopathic Medicine's Influence on Indigenous Peoples in the Kumaon Region of India," *Butler Journal of Undergraduate Research*: Vol. 4 , Article 3.

Retrieved from: <https://digitalcommons.butler.edu/bjur/vol4/iss1/3>

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# Allopathic Medicine's Influence on Indigenous Peoples in the Kumaon Region of India

## Cover Page Footnote

WORKS CITED Arnold, D. (2000). *Science, Technology and Medicine in Colonial India*. Cambridge University Press. Capila, A (2004). *Traditional Health Practices of Kumaoni Women Continuity and Change*. Ashok Kumar Mittal. Desai, N. Krishnaraj, M. (1990). *Women and Society in India*. Ajanta Publications. Foucault, M. (1973). *The birth of the clinic; an archaeology of medical perception*. (1st American ed.). ed., World of man). New York: Pantheon Books. Foucault, M. (1990). *The history of sexuality* (Vintage Books ed.). New York: Vintage Books. Illich, I. (1977). *Limits to medicine: Medical nemesis: the expropriation of health*. Harmondsworth: Penguin. Pal, M. (2009). *Gender and discrimination : Health, nutritional status, and role of women in India*. New Delhi: Oxford University Press. UNICEF GLOBAL DATABASES [data.unicef.org] ACKNOWLEDGEMENTS Thank you to the staff of Avani for your support and assistance. A special thanks is given to my translator, Teron, who spent numerous hours with me hiking through villages and speaking to locals. I give the utmost thanks to Dr. Anjali Capila who served as an advisor and friend from the beginning of the project. Without her feedback and expertise I never would have finished this research. Lastly, I would like to express my thanks to the advisement that I received from the staff at the School for International Training. It is under their guidance that I was able to complete all of my work successfully.

## **ALLOPATHIC MEDICINE'S INFLUENCE ON INDIGENOUS PEOPLES IN THE KUMAON REGION**

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### **Abstract**

*“Much suffering has been man-made.” —Ivan Illich*

This paper focuses on the use of western medicine in the Kumaon region of Uttarakhand, India. The goal of this research is to understand which healing practices are preferable in rural villages. Semi-structured interviews were conducted with 53 participants, including two spiritual healers, two doctors, and one pharmacist. Results indicate that allopathic medicine, otherwise known as modern medicine or western medicine, has become the go-to remedy for even the most remote people in India. Nearly all participants use allopathic medicine, but less than half of the participants experiment with other forms of healing, such as Ayurveda, homeopathy, meditation, and yoga. This study explores the problems that result from becoming too dependent on Western medicine; these issues stem from a lack of knowledge patients have about the dosage and intensity of the drugs they take. It is important to educate rural villagers about the dangers that various medicines can cause, as well as to establish more medical facilities that promote alternative treatments alongside modern medicine.

### **Introduction**

In the winter of 2016, I travelled to the Himalayas to study the health-seeking behavior of indigenous peoples living throughout the Kumaon region. Upon arrival, I was surprised to learn that nearly the entire population relied on allopathic medicine, which is also known as modern medicine. India is the birthplace of Ayurveda, yoga, and other natural remedies that focus on healing the entire body. It was surprising to see that allopathic medicine, a system that has many regulations in the West, had disrupted these ancient practices. Women rationed the daily dosages that they could afford, and older men asked villagers to bring back painkillers from the nearest towns, sometimes 10 kilometers away. The community seemed to be running on a schedule determined by a medical regimen.

After interviewing a total of 53 villagers, including spiritual priests, doctors, and a pharmacist, I became aware of three facts:

1. Allopathic medicine, especially various forms of painkillers, is a widely available and trusted form of medicine in the Kumaon region.
2. While other forms of medicine are still being practiced, they do not provide the same level of relief as allopathic remedies, and, therefore, are not as popular.
3. Individuals have lost a certain amount of control over their own health by surrendering to a larger, modern, medical system.

This study examines the impact of modern medicine on villagers in the Kumaon region. It also recommends actions that will create a well-rounded medical system and benefit patients in northern India.

### Literature Review and Background

There is no such thing as a perfect medical system. Although allopathic medicine is used around the world, it has many more side effects than natural remedies or spiritual practices.

Some scholars argue that the modern medical system is harmful to humans. In *Limits to Medicine*, Ivan Illich writes about the damage that has been caused by 21<sup>st</sup>-century medicine and the social organizations surrounding it. Illich claims, "The medical establishment has become a major threat to health. The disabling impact of professional control over medicine has reached the proportions of an epidemic" (Illich 1997: 3). As the concept of health has evolved, it has become the norm to visit doctors' offices and seek medication at the first sign of pain. But this habit is not natural or healthy. Routine drugs may cause side effects that might further impair recovering bodies. When too many drugs are taken over a period of time, an individual's tolerance may recalibrate, and the medication's desired effect will be deficient. This creates a need for more medication; an endless cycle begins.

More than being a disruptive force in society, the medical system, as Illich argues, limits the control people have over their own bodies. Humans become patients as they enter into a system that uses language, medicine, and bio-medical technologies that surpass the average person's comprehension of care. Thus, the patient is at the mercy of the medical care provider. Illich notes that even death, a natural process, has become an aspect of a medical procedure. This is a relatively new idea. Before hospitals were accepted as institutions, the sick would die in the

comfort and privacy of their own homes; death was an intimate thing. Illich draws attention to the fact that now “[s]ocially approved death happens when man has become useless not only as a producer but also as a consumer” (Illich 1997: 206). Illich notes that the allopathic medical system works to prolong life. Patients are valuable to doctors when they can purchase and ingest medicine. Now, doctors view death purely as a last resort, when the patient has lost the ability to contribute to the medical institution.

Illich reminds his readers that for most of history, there was no global system catering to health. He writes, “Man has not only evolved with the ability to *suffer* his pain, but also with the skills to manage it” (Illich 1997: 144). Despite the widespread acceptance of allopathic medicine, it is still a novel system; humans had adapted alternative methods of healing prior to the increase of technology. Illich urges his readers to dream of a time when individuals could conquer their own illnesses without the assistance of physicians.

Michel Foucault, a twentieth-century French philosopher, also confronts the idea of bio-power in a postmodernist age. Foucault argues that power is created simply through classifying sex, sanity, and health. In *The History of Sexuality*, Foucault articulates that in a postmodern era, scholars have the ability to control bodies and populations; he argues that power has become “the taking charge of life, more than the threat of death” (Foucault 1984: 143). But institutions cannot exist if every person has an equal amount of power. Inequalities derive from certain people, such as doctors, having knowledge that others do not.

The role of the doctor was developed in the eighteenth century. Foucault believes that this profession dehumanized the patient. In one of his earlier publications, *The Birth of the Clinic*, Foucault writes that doctors look at their patients through “a medical gaze.” The patients lose their personhood and become nothing more than a series of symptoms: “The patient is the rediscovered portrait of the disease; he is the disease itself, with shadow and relief, modulations, nuances, depth” (Foucault 1963: 15). With the rise of medicine, doctors have gained the power to declare a person healthy or unhealthy—normal or not normal. This authority has further caused sick individuals to lose themselves and take on the identity of a patient.

There is an argument that can be made in favor of modern medicine. Western medicine widely established itself in India throughout the nineteenth century. The British introduced the first vaccination to India in 1802 during the smallpox outbreak. The vaccine was intended to shield the British from the disease, but it also had the effect of saving many Indian lives. Despite its protective abilities,

it is unclear whether the administration of medicine was necessary, ethical, or justified. When the virus first reached India, many native people believed smallpox was associated with the Hindu goddess Sitala. Her presence lay within the disease's symptoms. The vaccines were believed to be ungodly, and the act of transmitting fluids between people was seen as crude (Arnold 2000: 73-4). Despite refusals of the vaccine, by 1877 4.5 million Indian people had been vaccinated, and by 1890, annual vaccinations reached nearly 8 million people. The number of people who died from smallpox was significantly reduced. David Arnold, a historian who specializes in Asian and Global History, expresses the destabilizing effect that the medicine had:

[A]lthough the transfer of technology argument duly highlights the importance of exogenous innovation and the role of technology as a 'tool of empire', it can easily become an excessively one-dimensional idea, stressing the dynamism of the West but ignoring the context in which new technologies were employed. (Arnold 2000: 92)

The smallpox virus is only one example of how Western medicine preserved lives while destroying spiritual practices. This example can be applied to numerous other forms of technology that came into contact with illnesses and epidemics.

Despite the theoretical arguments for refusing modern medicine, India has become one of the biggest suppliers of drugs, both locally and internationally. There is a surplus of regulated and unregulated medicine flowing throughout the country. Even with drug regulation policies, Indian consumers are still able to freely purchase ample amounts of drugs in varying dosages.

In 1940, India adapted its Drugs and Cosmetics Act to regulate medication within the country. There have been a number of amendments to this act over the years, but the restriction of drugs is still not very effective. One major concern is the production of Fixed Dose Combination (FDC) drugs, or drugs made from combining two or more drugs into a single dosage. Research published in "Use of Fixed Dose Combination (FDC) Drugs in India: Central Regulatory Approval and Sales of FDCs Containing Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Metformin, or Psychotropic Drugs" from May 12, 2015, found that an alarming quantity of FDC drugs were unregulated. Out of the FDCs that are Non-Steroidal Anti-Inflammatory Drugs (NSAID), 27% were approved by the Central Drugs Standard Control Organization (CDSCO), while 73% were not approved. When looking at Anti-Depressants/Benzodiazepine FDC drugs, researchers found that 19% were approved by CDSCO, while 81% were not approved. Of Anti-Psychotic

FDC drugs, 30% had been approved by CDSCO, while 70% were not approved. The only FDC that was widely approved by the CDSCO was Metformin, used to control diabetes. Out of the Metformin formulations being generated, 80% were approved and 20% were unapproved by the CDSCO.

The culmination of this data shows that a large majority of FDCs on the market have not been screened, and could potentially be unsafe or harmful to consumers. Retailers and customers of such drugs may unknowingly be trading dangerous prescriptions on a regular basis. The same study also found that the majority of all FDC formulations available in India could not be found in the US or the UK (McGettigan P., et al. 2015).

### **Women's Health**

Women in India face additional health burdens. Girls are discriminated against immediately after they are born. Female mortality rates are significantly higher than male mortality rates. In 2016, the mortality rate for girls under five years old was 44.2, a considerably higher number than the mortality rate of males, 41.9 (UNICEF 2017). It is important to note that these deaths are directly a result of women being discriminated against. The infant mortality rate for females is 34.6, which is very close to that of boys, which is 34.5 (UNICEF 2017). In the first years of their lives, girls experience neglect in ways that their male counterparts do not. This mistreatment leads to an increased mortality rate. Girls as young as six-years-old are expected to do farm work, fetch water, and care for other siblings. They are much less likely to go to school than boys; out of the 50 million children who are not enrolled in schools, 75% are girls (Desai & Krishnaraj 1990: 202).

Women, especially rural women, are valued in their ability to bear children; Indian culture only prioritizes female health when it is related to reproduction. As a result, healthcare is less accessible for women than it is for men. In hospitals, there are fewer female doctors; there are also fewer beds reserved for female patients (Desai & Krishnaraj 1990: 229). Even though there is less medical attention given to women, the female population is more likely to suffer from medical conditions, including HIV/AIDS or other STDs, and heart disease (Pal 2009). Due to their biology, social roles, socioeconomic status, and physical barriers to accessing doctors (such as a lack of transportation or a need to stay at home with children), it is more likely for women to get sick and remain sick. Additionally, the stigma of sexually transmitted diseases or other defects of the body keep women from seeking medical attention. Women are also less likely to access medical treatments due to their educational and financial status (Pal 2009). Because it is not

common for women to seek care for various health problems, it is hard to accurately measure how many women are suffering from any given disease or ailment.

### **The Kumaon Region**

The Kumaon region is located in Uttarakhand, a state in the North comprised of small villages. The people residing in these villages rely heavily on natural resources and their work is mostly centered on agriculture. Many men also leave the region to find jobs in more populated areas while their wives maintain their house and farm. Schools and medical facilities are scattered throughout the mountains and are difficult to access. Although the literacy rate of the state is above average in comparison to the rest of the country, a majority (62%) of the population remains illiterate. There is a high incidence of poverty in these regions, and nutrition is poor. Hygiene and sanitation are common problems for villagers. Access to clean water is scarce, and there is little health education provided (Capila 2004).

Women in these small villages take on a large workload. For the most part, married women are primarily responsible for domestic chores and the daily upkeep of the household. Men are primarily in charge of making decisions for the family. Most women marry young, and it is common for girls between the ages of 15-19 to start bearing children (Capila 2004).

Uttarakhand is also known as the “Land of the Gods.” Families and communities participate in habitual worship. Many residents of the state feel as if living in this state keeps them safe and protected from evil spirits.

### **Methodology**

A total of 53 people participated in semi-structured interviews conducted throughout rural villages in the Kumaon region of Uttarakhand, India. Spiritual practices, worship, and sacrifices are routinely performed throughout the region. The religious significance of the location helps to contrast spiritual healing practices with modern medical techniques. No social mapping or stratification was done in order to qualitatively extract stories about individuals’ experience with health and medicine.

Interview questions were created before the interview process, although during the interviews many of the questions were altered slightly and tailored to the individual’s circumstances (see Appendix A).



Participants were randomly selected from a total of five villages: Berinag, Chacharet, Digoli, Simgadi, and Sukna. These locations ranged from a small town with a hospital (Berinog) to a rural village four kilometers from the nearest road (Digoli). Villages were selected based on where Avani, a nonprofit organization located throughout the Kumaon region, had established trustworthy connections with community members. The majority of interviewees were selected based on their availability and location between the hours of 10:00am-6:00pm during the weekdays. All of the people asked to participate in the study, with the exception of one person, agreed to do so.

Ten young adults who were in school to become teachers were interviewed during the school day. These students chose to excuse themselves from their classes for 30 minutes each to contribute to this study. Students were between the ages of 22-27 and helped broaden the age range of the study.

### **Limitations**

A Hindi translator was present during all interviews. The majority of participants did not speak English, and nearly every interview was entirely translated. As a result, subtle ideas and nuanced thoughts may have been lost in translation: the researcher, the translator, or the participant could have misinterpreted questions and responses. All interviews were conducted in Hindi. However, many villagers speak Hindi as a second language, after their own local dialect, so there were often questions that participants could not answer. The language barrier resulted in removing certain questions from occasional interviews, but additional inquiries were added in order to ensure that every individual's story was fully represented.

The sample size excludes all villagers who worked and attended school during the weekdays and were not at home to participate in this study. As a result, more interviews were conducted with unemployed parents and grandparents.

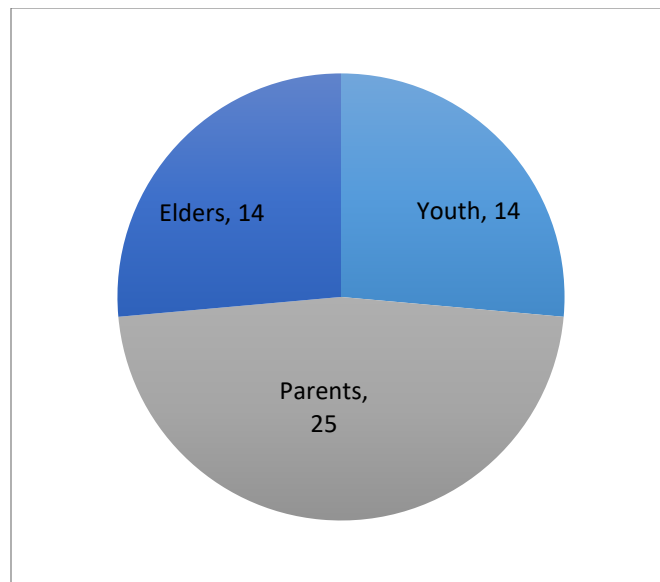
Because 10 of the 14 youngest participants were interviewed in an academic setting, it is important to recognize the biases the students may have. The individuals who were interviewed during their educator-training program were highly motivated young adults. These ten pupils may not be representative of their generation at large.

Lastly, due to the small number of people interviewed, it is not possible to make any generalizations about the health status of the people in the Kumaon region on the basis of this study alone. This report is intended to serve as a compellation

of narratives, as well as a reflection of how medicine can be interpreted and used in remote villages.

## Results

Out of 53 participants, 48 different families were represented. Two of the interviewees were pujaris, or Hindu priests. Two doctors were interviewed, one allopathic doctor and one homeopathic doctor, as well as one pharmacist. The remaining 47 participants were villagers. In total, 25 participants were male and 28 were female. The age range can be divided into three groups: 14 youth (ages 22-29), 25 parents (ages 30-55), and 14 elder community members (ages 56+).



**Figure 1.** Divide of age groups interviewed in this study.

## Severity of Disease

The illnesses mentioned throughout the interviews can be identified as either a routine sickness or a severe medical condition. Severe medical conditions qualify as any problem that prevents a person from carrying out daily tasks, including malaria, typhoid, chronic fever, and loss of mobility. Routine sicknesses are defined as ailments that affect a person's lifestyle but still allow the individual to carry on

with daily work. These sicknesses include cough, body pain, tooth pain, anemia, and small operations that only impair the individual for a few days.

Of 77 injuries and complaints recorded, 25 are considered to be severe medical conditions that are disruptive to an individual’s lifestyle. The remaining 52 complaints represent routine illnesses that allow the individual to carry out vital, day-to-day tasks. Of the participants who complained of severe injuries, all have used allopathic medicine.

**Table 1.** List of sicknesses mentioned throughout the interviews

<b>Disease</b>	<b>Number of Complaints</b>	<b>Female</b>	<b>Male</b>
<b>Healthy (with the exception of small, routine, sicknesses)</b>	20	10	10
<b>Joint &amp; body pain</b>	12	9	3
<b>Loss of mobility in legs and other body parts</b>	5	0	5
<b>Loss of eyesight</b>	5	3	2
<b>Routine headaches</b>	5	4	1
<b>Chronic fever</b>	4	4	0
<b>Sickness due to age</b>	4	2	2
<b>Kidney &amp; gall bladder stone</b>	4	3	1
<b>Toothache</b>	3	2	1
<b>Typhoid</b>	3	3	0
<b>Pneumonia</b>	3	1	2
<b>Minor Operations</b>	3	2	1
<b>Pain in abdomen</b>	3	2	1
<b>Gas &amp; indigestion</b>	3	2	1
<b>Injury to body part</b>	2	1	1
<b>High cholesterol</b>	2	1	1
<b>High blood pressure</b>	2	2	0

<b>Jaundice</b>	2	2	0
<b>Diabetes</b>	2	0	2
<b>Asthma</b>	2	0	2
<b>Acidity</b>	1	0	1
<b>Malaria</b>	1	1	0
<b>Cough</b>	1	1	0
<b>Chikungunya</b>	1	0	1
<b>Stress</b>	1	1	0
<b>Heart disease</b>	1	1	0
<b>Depression</b>	1	1	0
<b>Anemia</b>	1	1	0
<b>Total:</b>	97	59	38

### Allopathic Medicine

The most common remedy in rural villages is allopathic medicine. Forty-nine out of 53 participants said that at some point in their lives they had gone to hospitals, taken painkillers, or tried some other form of Western medical treatment. The majority of respondents who use Western medicine say that they resorted to allopathic remedies because these medications are easily accessible and provide fast relief. Unlike Ayurveda, homeopathy, and naturopathy, allopathic medicine does not require patients to alter their lifestyles. Pills can be taken quickly and efficiently; results are usually fast; within a matter of minutes there is a significant reduction of pain.

All participants were able to identify certain benefits of allopathic medicine. One woman, Prema,<sup>1</sup> admitted that she trusts allopathic medicine because the general public constantly uses it. She explained that the widespread adoption of these treatments was evidence of their reliability. Even though Prema said that she trusts Western remedies, she also noted that her “English medication” only works for a short amount of time. After Prema takes her dosage of pills she only experiences a few hours of relief from her joint pain, body pain, and continuous fevers before her symptoms return. Nonetheless, she will not forego her medical regime because she assumes that allopathic medicine is better than other remedies.

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<sup>1</sup> All names have been changed to protect the privacy of the participants.

Many residents in the Kumaon villages complained that allopathic treatment only lasts for short periods of time. Simriti, another middle-aged woman with a bad toothache, stated that her allopathic analgesic does not provide lasting relief. Her 11-year-old daughter has also been taking allopathic medication for a skin condition, but her daughter's pain is also only alleviated for short periods of time. Simriti says that her daughter continues to visit doctors, but she worries that her daughter will never be able to find effective and affordable treatment.

A number of patients explained that even though the results of their allopathic protocol may be limited at best, they continue to rely on Western treatments. Govind, who suddenly lost the ability to walk four years ago, said that he takes medication prescribed by the doctor even though it has not helped him. He has no faith that he will ever recover given the persistence of his illness, yet he continues to blindly take the pills as he was initially instructed. Govind is not alone in this routine. Nine participants claimed that they did not benefit at all from the medication given to them by the doctor. Of these nine people, four of them said that they continue to take medicine anyway knowing that it does not alleviate the symptoms that they are feeling.

Of the participants who saw positive results while using allopathic medicine, many of them noted that relief came at a price. Lalita, who suffers from depression, has been taking an Atypride 100mg tablet, originally intended for Schizophrenia, in order to control her symptoms. In her interview, Lalita mentioned that she is suffering from side effects. She had been taking this medication for approximately ten years, but it has caused her to experience irregular menstrual cycles as well as significant weight gain. In order to control these side effects Lalita uses Dabur Ashokarishta, a type of Ayurveda medicine. Lalita explained that she had no option other than to take both medications together. Because she does not have time for yoga or other types of natural remedies, this allopathic medication is the only way that Lalita can remain "healthy."

Despite its numerous problems, allopathic medicine was most commonly used among participants in this study. (See Appendix C for complete list of medicines taken).

### **The Function of a Pharmacist**

Instead of visiting doctors, many participants went to the pharmacist. Eight people reported to have received medicine from their pharmacist or chemist instead of going to the doctor. This number does not include those who visit pharmacists in

addition to another doctor. Those who forego visits to the doctor still learn about various types of medication through pharmacists themselves, advertisements on television, or family and friends. This informal education about how to take medicine can easily lead to an overconsumption of unregulated or dangerous drugs.

During his interview, Harish, the pharmacist, said that he normally sees about 100 people a day. Only half of his customers visit the doctor before making pharmaceutical purchases. The majority of Harish's customers buy allopathic medicine. Harish said he stocks 1,000 western medicine brands, but only 100 Ayurveda brands because they are significantly less popular. Harish himself has completed 16 years of school, and he was trained in medicine prior to becoming a pharmacist. He said that he believes in Ayurveda medicine over allopathic. When asked if he ever gives patients medicine that he thinks is dangerous, Harish said yes. He continued to say that "all medicines are dangerous, but when you take them on the [doctor's request] then it's not dangerous." Harish explained that he limits the amount of medicine that customers can buy at one time. He will not sell stronger (schedule H) drugs to any customer who does not have a prescription. Harish admitted that he believes that the locals in Berinag who visit his shop take too much medicine.

It is important to note that Harish's pharmacy is near the Berinag hospital, which is located in a bustling town. This facilitates a customer's ability to see a doctor and attain a prescription. The majority of participants who claimed to never visit the hospital live far from a road, in the rural village Degoli. It cannot be assumed that all of the pharmacists in rural areas have the same schooling as Harish. Similarly, it is unknown whether other pharmacists limit or restrict certain drugs that they sell.

In Degoli, Geeta, an elderly woman, presented medicine that she takes for her headaches, including the drug Saridon, which has been banned in various countries around the world, including Sri Lanka, Korea, Malaysia, and Turkey. Geeta's pharmacist provided her with the medicine. During her interview Geeta said that she does not go to the doctor because she believes doctors do not know how to properly treat her, but the pharmacist does.

In the village of Simgadi, there is a local pharmacist who serves as the primary doctor. He was not able to participate in this study because he was intoxicated and could not respond to questions. Several people interviewed in the town of Simgadi claim to have seen him for medical attention.

The allopathic doctor, Kamlesh, who works in Berinag, said that he meets with many patients from rural villages—some patients come from 40 kilometers away and live ten kilometers from any road. Kamlesh said that he meets with many people taking drugs that are more powerful than the medication he would prescribe. Patients can access such medicine when drugs are not strictly regulated. Kamlesh said, “If [drugs are] not regulated, then there will be more chances of misuse rather than use.” Occasionally people will visit Kamlesh having taken Tramadol, an intense painkiller. Kamlesh explained that as people continue to take Tramadol, their bodies acclimate to the drug, and the medication stops having an effect. Many similar drugs that are used incorrectly will cause a patient’s tolerance to increase, and the pain will be harder to cure. Patients, oblivious to this acclimation process, continue to use the drugs that give them the greatest relief. Kamlesh acknowledged that this is a problem caused by the lack of regulation throughout the country, not the pharmacists themselves. He credited pharmacies by saying that they are much needed in villages: “It is a problem, but it is also a solution of this area. [Villagers] don’t have any other option.” The pharmacist is a lifeline for many individuals living in pain—especially those who are far from a doctor or cannot afford treatment. Without the presence of a pharmacist, people in remote villages would have few pain-relief alternatives.

### **Control, or Lack Thereof**

Although nearly all participants had used allopathic medicine, only a handful of the patients interviewed knew the name of the medicine that they were taking, the cause of their illness, or how the illness affected their bodies. The most common answer to the question ‘what do you think caused this sickness’ was ‘I don’t know.’ Even a rudimentary answer or a religious or mythic explanation would have shown a level of understanding, ownership, and control of the body. The inability to respond demonstrated a sense of helplessness. The cause of the sickness was unknown, and therefore the patients were unable to cure themselves.

In many cases, patients were not educated about their own sicknesses and medication. One 45-year-old woman, Tara, said that she took 11 pills a day, had bad eye pain, headaches, and body aches. She had been to the doctor before, and she wanted to go back, but she suffered from severe carsickness and did not know if she could complete the trip to town. She guessed that the cause of her illnesses could be menopausal, but she was not sure. She felt strongly that she would never recover. Her lack of understanding about what was happening within her own

body—either the natural process of menopause, or a severe untreated illness—prevented her from understanding the cause of her pain.

Many participants used allopathic remedies because these treatments were efficient. Even those who were willing to change their lifestyles—eat healthier and exercise during the day—admitted that they could only make changes that did not cut into their daily schedule. Allopathic medicine provides the gift of time, but it takes away a person's autonomy. If a person becomes dependent on medication, it may be too late to revert back to conventional remedies of healing.

The last interview conducted in this study was with one 78-year-old man, Mohan, who was dying of asthma. He struggled to breathe, speak, and even move. Mohan had lost all control in the lower half of his body and was waiting for death to come and alleviate his suffering. Mohan mentioned that he had become completely dependent on others. He could no longer fetch himself food or water. He creeps to the bathroom but cannot climb back up the stairs to his house without the assistance of someone else. When asked if he would rather be in the hospital, he said that he wished he could be under the care of medical professionals, but he cannot. Instead, he has to constantly worry about who will bring him his next round of medication—medicine which only alleviates pain for a minimal amount of time before discomfort returns. Mohan has forfeited all control: he will survive purely off of his medication, until the day that his body cannot persist any longer.

### **Non-Allopathic Medicine**

There are a variety of treatments used in rural villages that have preceded Western medicine. These healing practices include Ayurveda, homeopathy, naturopathy, yoga, meditation, spiritual healing techniques, and homemade remedies.

#### **Ayurveda & Homeopathy**

Ayurveda and homeopathy are alluring to many patients because the medicine is derived from natural resources and has no negative side effects. A total of 19 participants claimed to use Ayurveda medicine. (One additional woman, Kumla, adamantly stated that she was not using Ayurveda medication, but when she presented all of her daily medications, Ayurveda fruit juice tonics were present.) Five participants said that they would prefer Ayurvedic medicine to allopathic medicine. Both users and non-users of Ayurveda and homeopathic remedies indicated that the hardest part of using natural medicine was altering one's lifestyle and routine. The reason that many patients who use allopathic medicine did not take



natural medicine was because they could not commit the time necessary to incorporate Ayurveda into their schedules; even still, these participants conceded that Ayurveda and homeopathy were preferable because they cure illnesses from the root of the problem instead of temporarily alleviating symptoms.

Patients also neglected to seek out Ayurveda and homeopathic treatments due to the lack of facilities in the area; many participants had never been exposed to these alternative methods of treatment. Half of the participants in this study did not know about non-allopathic types of medication. Because hospitals throughout India are based off of the Western medical system, patients assumed that allopathic treatment was the only form of care available to them.

Ayurveda and homeopathy were mostly used to treat kidney and gall bladder stones, skin diseases, high blood pressure, and diabetes. All but one person who tried this medication said that it worked. Some of these individuals had to stop their treatment due to a lack of money or time. Kamlesh, the allopathic doctor, credited natural forms of medicine: “No pathy is best. Sometimes allopathy is the best option... but if you want to modify your lifestyle, then Ayurveda is better. In chronic cases I have seen that homeopathy is working better than allopathy.” Ayurvedic medicine is typically most successful when curing specific illnesses, such as skin conditions.

Dayal, a homeopathic doctor who also works with allopathic medicine, was adamant that homeopathic medicine is most successful. With the exception of emergency cases, such as a broken bone, Dayal claimed that homeopathy can cure any illness without producing any side effects: “Homeopathic medicine takes more time, but it cures illnesses completely.” By looking at the root of the cause, Dayal is positive that he can heal people completely and permanently, something allopathic medicine cannot do.

### **Homemade Remedies**

Natural remedies, also known as Desi medicine, are treatments that have been found in nature and are used to treat various ailments (see Appendix B). These remedies are passed down from generation to generation and can cure a variety of illnesses from chronic fever to the common cold. This method of healing is inexpensive, timely, and there are no side effects to the treatments. Twenty-three participants claimed to use Desi medicine for various sicknesses. Many of those who did not use these remedies said it was because they did not have the recipes for Desi medicine. All participants who used homemade remedies had learned

about the practices from their parents or other elders in the community. Twenty-two out of the 23 participants using Desi medicine said that they always try the remedies before going to the doctor. Gaurav, the one male who resorted to allopathy first, said that he has to use modern medicine because the herbs he needs to make Desi medicine are hard to find.

Although Desi medicine is most preferred among those who use it, it is clear that this form of treatment is becoming increasingly less common. Kumla, at 60 years old, said that the herbs that she uses to make medicine are too hard to access, and she is unable to pass down her knowledge to her family. Piyush, 26 years old, said that he used Desi medicine as a child but never asked his parents for the medical recipes; now, he is unable to use these treatments when he is sick. A lack of knowledge, both due to the influence of allopathic medicine and a shift in the local ecosystems, is phasing out the use of traditional, homemade remedies.

Many villagers have also stopped seeking out natural remedies because they are thought to be ineffective when coinciding with Western medicine. Tara, mentioned above, said that even though she knows a few homemade remedies, using them would not do her any good because her body has been weakened by “English medicine.” She echoes the doctor’s sentiment: With the use of too much modern medicine, other forms of treatment become less effective. The notion that Western medicine is used *for* weak bodies and *creates* weak bodies was reiterated throughout several interviews. After a body has begun to use modern medicine, it is harder, and maybe impossible, for Desi remedies to work.

### Spiritual Practices

A large majority of participants use spiritual rituals as a form of healing. Out of all participants interviewed, only six claim to not practice any form of spiritual worship. The religious practices mentioned ranged from the use of Vibhuti, or sacred ash, placed on the forehead to serve as protection, to routine worship and prayer, to an annual sacrifice of an animal. Not everybody who believes in spiritual practices observes all of these traditions, but many participants found comfort and healing through certain ceremonies.

Some individuals who were interviewed believe that being in the Land of the Gods is beneficial to their health. Gaurav, mentioned earlier in this study, says that he believes in spiritual worship, but he does not practice it because he lives in a holy place. His environment and the prayers of his family keep him healthy. Cheetan, who is 35 years older than Gaurav, shares the same sentiment. Cheetan

claims to not believe in spiritual healers; rather, he puts his faith in the power of religion. He explained that the temple, which is a few yards away from his home, protects him and his family from diseases.

Even people who pray and do not see any beneficial results continue to participate in their regular rituals. Geeta and her husband Panjaj explained that they apply Vibhuti, or ash, to their foreheads every morning, even though they have never experienced its benefits. Their trust in such spiritual practices has been lost, but they continue to participate in the rituals in the same way that Geeta continues to take painkillers even though they have provided her with no lasting benefits. Mohan, mentioned earlier, also worships regularly even though he does not believe that he will ever recover from his sickness. Regardless of the state of his own health, he said he had no option other than to worship when living in the Land of the Gods.

Spiritual practices can often involve visiting pujaris, or spiritual priests, in the community. One female pujari, Mansa, explained that a person does not undergo any formal training to become a spiritual healer. One day a divine power informed her that she was a priest. Afterward she began working as a local healer. When asked about her work, Mansa said that everything she knows comes from a divine power. When a person comes to visit her for health advice, Mansa is able to understand their ailment before they even arrive at her home. She is also instructed, through the divine power, about how to cure the individual. She may recommend allopathic medicine, a form of worship, or a combination of healing remedies to help cure the sick person. The male pujari in the same village also declared that there are moments when he will refer his patients to the allopathic doctor. But, he only refers them to allopathic medicine because it is easier to find than Ayurvedic medicine. Neither pujari disputed other forms of medicine, yet they both said that allopathic medicine only helps certain illnesses.

In the same way that spiritual priests are open to allopathic medicine, allopathic doctors are also open to spiritual practices. Kamlesh, the allopathic doctor mentioned above, explained that he believes and participates in spiritual worship. Kamlesh will even recommend worship to his patients if he believes that it will cure their malady.

### **Differences within Generations**

Participants over 30 years old were much more reliant on, and trusting of, allopathic medicine than the younger participants. None of the 14 people interviewed who were under 30 used allopathic remedies before trying traditional medicine.

When asked about what caused this shift in generations, Gaurav, a 27-year-old student, said that he thought the introduction of social media was changing the belief system of younger generations. Technology has made younger people in these villages more aware of risks that are associated with medicine. Thus, modern medication has become less desirable.

Those over 30 years old were not as patient with their ailments. Only two participants doubted allopathic medicine altogether: one was a homeopathic doctor, and the other did not believe in medicine at all. Students being interviewed also identified this acceptance of allopathic medicine in their parents. Many said that their older family members had a different mentality about medicine than they did. The youth explained that their parents were much more trusting of pills and other allopathic medicine. Hema, who is 25 years old, only cures her sicknesses by resting, but her parents go to the doctor immediately after experiencing any physical discomfort. Other students repeated this sentiment and claimed that their parents were much more reliant on Western medicine and drugs than they were.

### **Differences within Gender**

In total, there were 25 male participants and 28 female participants. Throughout the interviews, 14 people explicitly stated that it was difficult for them to access the doctor. Of these 14 participants, 11 were women. Regardless of their proximity to medical care, men consistently viewed visiting the doctor as being easy whereas their female counterparts viewed it as difficult. In the village of Sukna, one man, Piyush, explained that it was not a problem to get to the doctor because it was only a one-day trip. The three subsequent women interviewed, Bharti, Prema, and Tara, all independently said that it was difficult to get to the doctor; there have been many times when the women have decided not to go because the trip would take an entire day. The duration of time that it took to get to the doctor—one day—was viewed differently based on the participant's gender. No significant difference was found in the amount of times women and men visited doctors and hospitals, only in the amount of difficulty they experienced getting to these health facilities.

Paradoxically, even though women viewed going to the doctor as a harder task, they tended to have more complaints and physical discomforts than the men who were interviewed. Table 1 shows that the combination of women's ailments totaled 59, whereas men's complaints only equaled 38. Female participants in this study were more likely than men to experience body and joint pain, headaches, fevers, typhoid, high blood pressure, anemia, and depression. The physical demands women face in the field and in the home may explain this imbalance.

An equal number of female and male participants chose to use alternative forms of medication, but the homeopathic doctor stated that he visited with more women, on average, than men. He explained that women were often times more open to altering their lifestyles for their health, whereas men were more interested in quick and fast treatments that could mend their symptoms easily. In this study, ten women and nine men claimed to use Ayurveda. But, significantly more women used Desi remedies. Fifteen women said that they used homemade medicine compared to the nine men who used local herbs to treat their sicknesses. Many men had little knowledge about how to use locally grown herbs as medicine.

Even married men and women showed vast differences in their medical practices. Pankaj and his wife Geeta were both married, older than 70, and living in Digoli. Pankaj did not believe in doctors and chose not to visit one, yet Geeta relied heavily on five medications a day, some of which she had gotten from the doctor and others which the pharmacist had given her. Pankaj also did not believe in any alternative medicine, yet Geeta uses Ayurvedic medication to help her digestion. Another couple, Kedar and his wife Rekha, also expressed differences in their medicinal habits. Rekha trusted homemade remedies, whereas her husband said that he only uses allopathic medicine. Kedar also commented on the ease of going to the doctor, whereas Rekha did not.

A student who was interviewed, Bhumi, said that she believes men are more concerned about their health than women. When asked why, she explained that women are more confined than men, and thus unable to think about their health:

[Women] are limited to their family and their society and their work only. But the men [are] concerned about their health, and they go many places, and they know how they should keep their health fit and fine. So they go to [a] doctor, they leave for check-ups, for everything. But...if any woman is suffering [from] any problems, they think it will be okay in time, so they don't go. I think that women are not concerned [with] their health, but men are concerned about their health.

The 59 collective complaints that women had can be explained by Bhumi's observation: men address their health concerns immediately, whereas women do not take care of themselves as quickly.

Often, women do not have the option of visiting the doctor when they experience a medical condition. Prabha, a 42-year-old woman, had spent the past year of her life recovering from typhoid. When asked how long she waited to see a

doctor after she had seen symptoms of sickness, she replied that it had taken her seven months until she sought out medical attention. Even though Prabha's house is less than a ten-minute walk from the Berinag hospital, Prabha did not think that her illness needed any medication stronger than painkillers. Prabha said that she suspects that the cause of her symptoms came from working in the rain wearing cold clothes and skipping meals. Even after getting sick she continued working in wet clothes and eating irregularly. When asked if she was planning on continuing these habits in the future, Prabha said that the fields that she works in are a few kilometers away; she does not think she will be able to change her old habits because she has an obligation to keep working. Prabha's sickness did not result in a lack of care that she had for her own body and health. Rather, she had no option other than to ignore her wellbeing and continue working for the sake of her family.

The allopathic doctor, Kamlesh, said that he visits with more women than men because women are overworked and do not take care of themselves. Women visit Kamlesh complaining of body aches, unconsciousness, or an inability to speak and eat. Kamlesh explained that these were unnecessary reasons to visit the doctor, but women come anyway because they need care: "Sometimes I think that [women] are very disturbed [in] their family life. They want care. They want to be a center; they feel that no one is caring for [them]. Nobody is wanting [them]." Kamlesh says that he treats these cases by prescribing counseling or offering a multivitamin injectable, IV fluids, antacids, and placebos. But, regardless of the treatment provided, the medicine will be unable to solve the root cause of this problem: Women are neglected in their households.

### **Analysis and Discussion**

Even in the remote villages of the Himalayas, allopathic medicine has managed to find its place. This medicine is readily available, effective, and fast acting. The downsides of allopathic treatment—the side effects that it causes, and the dependency that it can create—are not well recognized. Even indigenous peoples who know about the negative effects of Western medication are willing to ignore its potential harms in exchange for its benefits. The world is becoming increasingly dependent on allopathic medicine, even though this system of medicine has not proven to be more effective than other forms of treatment.

There are two major threats to putting too much faith in modern medicine:

The first is that the drugs that work best are the most harmful. Patients seek out drugs that relieve their suffering—but these are the drugs that we should be

most concerned with. The individuals who take these medications will eventually adapt to the medicine that they use. Over time, the once-effective dosages will lose their efficacy, causing patients to increase their intake to potentially dangerous levels. The results of this study show that even elders who once used homemade remedies no longer benefit from the herbs in their local garden. By allowing their bodies to become dependent on allopathic treatment, patients inevitably do themselves a disservice over time.

The second problem is that by using modern medicine, individuals stop listening to their bodies' needs; over time people can become helpless and unable to alleviate pain in the absence of medical intervention. The pain that villagers feel while working signifies a need to reduce their workload. By masking their symptoms with Western medicine, suffering workers sever the communication that exists between their mind and body. Patients do not change their diet, rest, or exercise habits. They strive to go beyond what their un-medicated body can tolerate, but ultimately they only exhaust their abilities. After years of taking medicine, patients are unable to restore the balance between mind and body, and they feel helpless without the aid of medical assistance. Being sick becomes the equivalent of being helpless, and patients are forced to visit doctors with greater frequency, either for routine checkups or for prescriptions.

The solution is to educate residents of the Kumaon region about medicine. Rather than limit the availability of drugs, villagers should maintain the right to make informed decisions about the treatments that they choose. Schools can adopt a health curriculum where students will learn about medicine, its benefits, and its potential side effects. Ideally, children and young adults will also talk to their parents about the information that they have absorbed. Education can also be made available to adults through the use of self-help groups and advertisements.

In addition to properly educating villagers, the available medical facilities need to be re-imagined. An Ayurvedic doctor should be as easily accessible as his/her allopathic counterpart. These doctors can share the same facilities in order to ensure that patients have access to a variety of care. This approach would involve bringing traditional medicine into government health facilities. Men who have served in the army, who are entitled to free health benefits, should also have the right to choose the type of treatment they receive. When allopathic and Ayurvedic medicines can work together, patients can be sure that they are getting the most effective, personalized treatment. Not only will the patients' best interests be served, but also more people will experience sustainable results.

## Conclusion

*“Progress in civilization became synonymous with the reduction of the sum total of suffering. From then on, politics was taken to be an activity not so much for maximizing happiness as for minimizing pain.” –Ivan Illich*

The increased use of allopathic medicine around the world has created larger amounts of dependency and suffering. The results of this study demonstrate that despite other indigenous practices, modern medicine is still the preferred choice of treatment. Not only can certain drugs be dangerous, but also they can cause patients to lose touch with their bodies and cede control of their own health. Through education and the reintroduction of non-allopathic options, it is possible to reverse the damage that has been caused by allopathic drugs in order to implement a more holistic healing platform.



## Appendix A

### Interview Questions

- 1) How is your health currently?
- 2) Are you currently taking medicine?
  - a. Is the medicine you are taking working?
  - b. How long have you been taking this medicine?
- 3) Have you ever been sick before?
  - a. What were you sick with?
  - b. What did you do to treat that illness?
- 4) Do you know the name of your current medicine (or any medicine that you have been asked to take in the past)?
- 5) How often do you go to the doctor?
- 6) Do you trust the doctor?
- 7) Have you ever tried any alternative medicines?
  - a. Why did you/did you not choose to take alternative types of medicine?
  - b. Did those medicines help you?
- 8) What type of medicine do you prefer to take?
  - a. Why do you prefer this type of medicine?
- 9) Have you ever tried any homemade remedies?
  - a. Where did you learn about those homemade remedies?
- 10) Do you participate in any spiritual worship?
  - a. Does this worship help your health?
  - b. Does this worship help the health of your family?
  - c. What do your spiritual practices consist of?

#### Demographics:

- 1) What area are you originally from?
- 2) How old are you?
- 3) Who is in your family?
  - a. Is anyone else in your family currently sick?

## Appendix B

### Homemade Remedies Used to Treat Illnesses in the Kumaon Region

(Note: This is not a complete list of all remedies used. This list only includes remedies mentioned by the participants in this study)

#### For Fever

1) *Extract of lemon stem bark*

Directions: collect the stems of lemons, grind, and mix in water. Wait until the extract of the bark has seeped into the water. Drink the water.

2) *Rati Patti (Abrus Precatorius)*

Directions: Collect leaves, clean well, grind into fine paste and mix with water. If fever is due to cold then water should be hot. Place paste on forehead and drain water on head.

3) *Neem*

Directions: Boil water and leaves together. Let water cool. Drink cold water.

4) *Manjistha*

Directions: Boil manjistha with water. Strain it. Drink it.

5) *Tulsi (Osimum sanctum)*

Directions: make extract by rubbing leaves and mixing in hot water. Drink water. Can also be eaten plain or mixed in tea. (Good for typhoid.)

#### For headache:

1) *Turmeric Powder*

Directions: Boil milk, sugar, and a spoon of turmeric powder. Drink.

2) *Vapor Rub*

Directions: Apply vapor rub to head. Combine with steam.

3) *Rati Patti (Abrus Precatorius)*

Directions: Collect leaves, clean well, grind into fine paste and mix with water. If it is summer then use cold water. Place paste on forehead and drain water on head.

#### For Migraines

1) *Scorpion Grass*

Directions: Use root to make extract using cold water. Separate the root from the plant, clean well, and grind into a fine powder. Mix with the cold water. Let sit for some time, and then filter the water. Lye on ground. If there is pain on the right side of the head, drain the extract through left nostril. If there is pain on the left side of the head then drain extract through right nostril.

For Cough and Cold:

1) *Neem*

Directions: Boil water and leaves together. Let water cool. Drink cold water.

2) *Ginger and Honey*

Directions: Grind ginger into small pieces. Mix with honey. Drink. (Basil leaves, black pepper, and lemon can also be added.)

3) *Milathi Root (Licorice Root)*

Directions: Eat like candy.

For Stomach Pain

1) *Chirata*

Directions: Boil water and leaves together. Let water cool. Drink cold water.

2) *Kutki*

Directions: Grind herb into a fine powder. Mix with 1 liter of water. Boil the water. Wait until water is cold. Drink. (This is especially good for constipation.)

3) *Kirmaru*

Directions: Collect root, clean well, cut into pieces. Soak into water for some time. Filter water and drink.

4) *Gandrain*

Directions: Grind well, mix with water, drink

For Indigestion and Constipation and Gas

1) *Rubus Idaeus*

Directions: Eat root of plant.

2) *Black Salt*

Directions: Eat plain

For Diabetes:

1) *Kirmaru*

Directions: eat the root of the plant.

For Kidney Stone

1) *Ban Supari*

Directions: Eat plain.

For Body Pain:

1) *Lemons*

Directions: Roast lemons in tin foil, and place on pained area

For Cuts and Bruises:

- 1) *Eupatorium: powerful antiseptic*

Directions: Crush the leaves of the plant and rub it on open wounds

- 2) *Frankincense—Serum from the trunk of a pine tree*

Directions: Apply over cuts and scratches

#### For Skin Condition

- 1) *Rati Patti (Abrus Precatorius)*

Directions: Grind with hands. Mix with water. Create a paste and apply directly to skin.

#### For Pimples:

- 1) *Aloe Vera Gel*

Directions: Apply directly to skin.

#### For Children Only

- 1) *Kutki* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 2) *Black Salt* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 3) *Gandrain* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 4) *Malati* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 5) *Atish* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 6) *Koot* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 7) *Harar* (for stomach pain)

Directions: Rub and grind herbs on a stone. Mix with mother's milk. Drink.

- 8) *Harar* (for cough)

Directions: Mix cow's urine and milk. Boil it with harar and then drink it

## Appendix C

### List of Allopathic and Ayurveda Medicines being used by Participants

#### Painkillers

##### *Allopathic Medicine*

Brufen

Disprin

Paracetamol

Crocin

Saridon

Neopar-MD tablets (Active ingredient: Nimesulide)

Numesulide

Reactin Plus Diclofenac Sodium and Paracetamol Tablets

#### Skin Conditions

##### *Allopathic Medicine*

Histafree (Fexofenadine HCl tablets)

Solubet

Clobetasol propionate salicylic acid ointment OLEB-S ointment

#### Antibiotics

##### *Allopathic Medicine*

Ocupol DC Sterile eye/ear drops

Decol

#### Acidity/gas/heartburn

##### *Allopathic Medicine*

Aciloc

Rebozen-DSR

#### *Ayurveda Remedies*

Digel mix fruit

#### Diabetes

##### *Allopathic Medicine*

Glimfal-SR

#### *Ayurveda Remedies*

Lipoic Acid

Gallstones

*Allopathic Medicine*  
Urodeoxychloic acid

Kidney Stones

*Ayurveda Remedies*  
Neeri

Stomach Ulcers and Cramps

*Allopathic Medicine*  
Clidinium Bromide & Chlordiazepoxide tablets

Constipation

*Ayurveda Remedies*  
Naturally Churna  
Pachak Shodhit Harad

Common cold and cough

*Allopathic Medicine*  
Torex cough syrup

*Ayurveda Remedies*  
Gastro-LIV syrup

Asthma & Chronic Obstructive Pulmonary Disease

*Allopathic Medicine*  
Salbutamol Sulphate

Heart Disease

*Ayurveda Remedies*  
Prabhakar

Hypertension

*Allopathic Medicine*  
Biopress-AM amlodipine & atenolol tablets

Mental Disorders

*Allopathic Medicine*  
Atypride 100

Diabetes

*Allopathic Medicine*

Glimfal-SR

Menstrual Cramps

*Ayurveda Remedies*

Dabur

Assokarist

Other

*Allopathic Medicine*

Maxirich (multivitamins)

Veenat (to increase white blood cell count after a bone marrow transplant)