

# 9th International Conference on Medicinal Practices: Herbal, Holistic and Traditional

## Journal: Herbal Medicine: Open Access (ipjhm)

### Attitudes of healthcare workers towards complementary and alternative medicine practices: A cross-sectional study in Turkey



#### Abstract (300 word limit)

In a previous paper, we presented a first survey on the use of medicinal plants in the Peruvian Amazonian valley of Chazuta (Sanz-Biset et al., 2009). There, we reported the subsistence in Chazuta of traditional practices where plant remedies producing marked emesis or laxation are consumed with nearly fasting and with some sort of social seclusion during a period of time that usually lasts from two to eight weeks. These practices are known as strict diets in Chazuta (dietas estrictas or dietas fuertes in Spanish, or sama in Quechua). In early visits of one of the authors (JS) to Chazuta region (2003 and 2004), we observed that strict diets are mainly used whether to restore or invigorate human health, for hunting and fishing preparedness, and are also part of a ritualistic way of life and healing, mainly among men. In any case, strict diets seem to operate an intense experience that in Chazuta is considered medicinal because: (a) always produce depurative effects, (b) usually originate other physiological or pharmacological effects that are considered to strengthen health or to be useful against musculoskeletal or infectious ailments, and (c) sometimes induce holotropic states of consciousness, i.e. states that are oriented toward feelings of wholeness. We also observed that strict diets appeared to maintain a general structure. The elements that presented some variability are length, level of seclusion and herbal preparations taken. The present work is aimed, in part, to describe these practices of Chazuta and confirm or not these early observations. These practices take place in a context of a traditional medicine that usually sets food restrictions and other norms with the general use of plant remedies (Sanz-Biset et al., 2009). This is what in Chazuta stands for dieta and gives meaning to the expression dietar plantas, which one can easily hear there. The popular believe is that unlike "medicines from pharmacies", plant remedies need certain and careful time to work. In general, plant remedies are taken daily during a period of time in which will be recommended to rest, to moderate sexual activity, as well as cut off heavy food, alcohol, and the use of perfumes or the exposure to other strong odours. Compliance with these restrictions is considered fundamental if healing wants to be obtained from plant remedies. Recurrently is stressed how: en la dieta está la curación, i.e. that healing is found in the diet itself (rather than only in the plants). The elements avoided by diets are considered with the potential to inactivate the effects of plant remedies (cortar la dieta, i.e. to cut the diet), to cause harm by interacting with plant medicines (cruzar la dieta, tener cutipa, i.e. to cross the diet, to experience bad reactions), or both. Consumed with nearly fasting and with some sort of seclusion. These strict diet like practices have been found and described among various ethnic groups of north-western Amazonia, such as the Aguaruna (Guallart, 1989), Chayahuitas (Reagan, 1983), Cholones (Poeppig, 1835), Iquitos' mestizos (Luna, 1986), Lamas Quechua (Scazzocchio, 1979), Matsigenka (Baer, 1979)

In our previous journeys to Chazuta, we also observed that, normally, the first strict diet takes place in adolescence. This usually marks the passage to adulthood for young boys. After completion of what usually is the first strict diet of men, a proper ability to hunt as well as the strength required for an adult is expected to be obtained. Afterwards, adult men will perform other strict diets during life in order to keep health, against

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illnesses or for hunting and fishing preparedness (in part due to the depuration experienced in this kind of stricter diets where most of the corporal odour is lost, hence making human presence unnoticeable for wild animals which then become easier whether to hunt or fish).

### **Importance of Research (300 word limit)**

Another ambit where strict diets become rites of passage occurs, much more rarely, in the sphere of *vegetalistas*, a kind of medicine men common in the region. Many *vegetalistas* become healers following a similar pattern: an ill man undergoes a strict diet in order to find cure. In the ascetic conditions of fasting and seclusion, the spirits of the plants ingested with the herbal preparations not only cure but also teach how to heal. During these initiations, this knowledge is said to be transmitted within mystical experiences through: (a) dreams in which apprenticeship is received and, (b) chants (known as *ikaros*) that are said to come from these plant spirits and which the dieter will hear spontaneously coming from the forest. Afterwards, in their healing sessions and rituals, *vegetalistas* chant these *ikaros* they learnt to invoke spirits, sometimes while having an ecstatic experience which is not always produced by the ingestion of plants. Therefore the term *vegetalista* (from the Spanish word *vegetal* which means “plant”) indicates not only the use of plants in their practice but also the origin of their knowledge since the spirits of certain plants are considered the truly teachers of them (Luna, 1984a, Luna, 1984b, Luna, 1986). However, in Chazuta, even when strict diets show an important ritualistic component, the main motivation for their practice seems to be for medicinal purposes: the young men need to strengthen their body and the future *vegetalistas* look for cure. This pragmatism drew our attention: it was observed how during the wet season strict diets used to be widely practised, mainly to prevent and restore health. Interviewing locals, many times the same sentences were repeated. That with strict diets there was an increase in work performance, enhancement of physical endurance (*hacerse más bizarro*) capability to carry heavier weights, better resistance of colder conditions, feeling more awake, loss of laziness (*dejar de ser arragán*), higher difficultness to become ill, alleviation of rheumatic pains, cure of illnesses, the loss of corporal odour, optimization of sexual function as well as gaining the curious faculty of rising attraction of the opposite sex

### **Information of institute and Lab (200 word limit)**

The NEIFM, Pasighat is an autonomous Institute under the Ministry of AYUSH, Government of India. It is located at Pasighat, Arunachal Pradesh. The State is (as is the entire Northeast of India) renowned for its biodiversity and folk healing traditions. The Ministry of Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa & Homoeopathy (AYUSH), Government of India, has established the North Eastern Institute of Folk Medicine (NEIFM) at Pasighat, to strengthen and develop traditional health practices for the benefit of the nation, with special focus on the North Eastern region. The institute is equipped with necessary equipment and infrastructure, including a 50 bedded indoor hospital for research on Folk Medicine. The Institute will create an interface between traditional/folk medicine practitioners and research institutions to enable proper understanding of folk medicine. It will strive to upgrade the skills and build and enhance capacities of traditional/folk medicine practitioners, while protecting their intellectual property rights. Where feasible, validated folk medicine practices will be integrated into the mainstream healthcare system, and made available to the public. By catalyzing affordable alternatives in healthcare, the NEIFM, Pasighat will play a very important role in attaining the goal of healthcare security for the nation. We, at NEIFM are committed to devote our energies for the successful establishment and operationalisation of this National Institute. We consider it a great privilege to have been given an opportunity to work with such a unique and pioneering National Institute.

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### Biography (200 word limit)

Dr Jasim Salim is a Specialist Homeopathic Physician with clinical practice of over a decade. He completed his graduation from Fr Muller Homeopathic medical college, India. A second generation Homeopathic physician in his family who carved his niche for himself beyond the shadows of his revered Family of Homeopathic physicians. He was awarded with Excellence service award by KQHDA for introduction protocol based Homeopathic treatment. He has been international trainer for School of Artistic Homeopathy for Youngsters and Adults (SAHYA). He presented numerous papers on Effectiveness of Homeopathic treatment international. He is licensed to practice in Dubai ,UAE as well as in India. He has done his Masters in Applied Psychology. He also pursued further in REBT and also a certified Life Coach.

### References (15 to 20)

1. Islam MS, Luby SP, Sultana R, Rimi NA, Zaman RU, Uddin M, et al: Family caregivers in public tertiary care hospitals in Bangladesh: risks and opportunities for infection control. American journal of infection control 2014, 42(3):305–310. pmid:24406254
2. Rimi NA, Sultana R, Luby SP, Islam MS, Uddin M, Hossain MJ, et al: Infrastructure and contamination of the physical environment in three Bangladeshi hospitals: putting infection control into context. PloS one 2014, 9(2):e89085. pmid:24586516
3. Nardell EA: Transmission and Institutional Infection Control of Tuberculosis. Cold Spring Harb Perspect Med 2016, 6.
4. Nardell EA: Indoor environmental control of tuberculosis and other airborne infections. Indoor Air 2016, 26(1):79–87. pmid:26178270
5. Shrivastava SR, Shrivastava PS, Ramasamy J: Airborne infection control in healthcare settings. Infect Ecol Epidemiol 2013, 3. pmid:23785568
6. von Delft A, Dramowski A, Khosa C, Kotze K, Lederer P, Mosidi T, et al: Why healthcare workers are sick of TB. Int J Infect Dis 2015, 32:147–151. pmid:25809771
7. Escombe AR, Ticona E, Chávez-Pérez V, Espinoza M, Moore DAJ: Improving natural ventilation in hospital waiting and consulting rooms to reduce nosocomial tuberculosis transmission risk in a low resource setting. BMC Infectious Diseases 2019, 19(1):88. pmid:30683052
8. Weber AM, Areerat P, Fischer JE, Thamthitiwat S, Olsen SJ, Varma JK: Factors associated with diagnostic evaluation for tuberculosis among adults hospitalized for clinical pneumonia in Thailand. Infect Control Hosp Epidemiol 2008, 29(7):648–657. pmid:18564918

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9. World Health Organization: WHO guidelines on tuberculosis infection prevention and control, 2019 update. In., License: CC BY-NC-SA 3.0 IGO edn. Geneva, World Health Organization: World Health Organization; 2019.
10. da Costa PA, Trajman A, Mello FCdQ, Goudinho S, Silva MAMV, Garret D, et al: Administrative measures for preventing Mycobacterium tuberculosis infection among healthcare workers in a teaching hospital in Rio de Janeiro, Brazil. *The Journal of hospital infection* 2009, 72(1):57–64. pmid:19278753
11. Saiful Islam M., Abrar Ahmad Chughtai, Sayera Banu, Seale H: Context matters: An analysis of the implementation of tuberculosis infection prevention and control guidelines in health settings in seven high TB burden countries. *Journal of Infection and Public Health* 2020, Under Review.
12. Pai M, Kalantri S, Aggarwal AN, Menzies D, Blumberg HM: Nosocomial tuberculosis in India. *Emerg Infect Dis* 2006, 12(9):1311–1318. pmid:17073077
13. Williams CM: The identification of family members' contribution to patients' care in the intensive care unit: a naturalistic inquiry. *Nursing in critical care* 2005, 10(1):6–14. pmid:15739634
14. Wisdom J, Creswell oW: Mixed Methods: Integrating Quantitative and Qualitative Data Collection and Analysis While Studying Patient-Centered Medical Home Models. In., vol. AHRQ Publication No. 13-0028-EF. Rockville, MD: Agency for Healthcare Research and Quality; 2013.
15. Banu S, Mahmud AM, Rahman MT, Hossain A, Uddin MK, Ahmed T, et al: Multidrug-resistant tuberculosis in admitted patients at a tertiary referral hospital of Bangladesh. *PloS one* 2012, 7(7):e40545. pmid:22808189