



Original Research Article

## Traditional Medical Therapy in Rural Ladakh- A Regional Analysis

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### ABSTRACT

Traditional knowledge plays an important role in establishing sustainable relationship between man and nature in a society more dependent on natural environment for various needs. The present investigation was undertaken with an objective to analyze the role of traditional knowledge in the medical therapy of rural areas of Ladakh. Utilization and preference of traditional medical system, sources of knowledge for utilization of amchi medical system, spatial distribution and socio-economic background of traditional medical practitioners, perception of disease and management of health problems were the themes of research. The analysis shows that amchi - an offshoot of Tibetan medical system is not only used but also preferred in rural areas of Ladakh with traditional source of knowledge. Perception of disease and management of various health problems is also based on traditional knowledge. Some suggestions have been made for future health care planning.

**Keywords:** - Traditional knowledge; Traditional medical system; Amchi; Healing; perception of disease; Cold desert

### INTRODUCTION

Indigenous medical beliefs and practices have always been an integral part of many cultures [1] as cultural aspects play an important role in healthcare as variables like ethnicity, language, religion, political, economic aspects have witnessed different health care systems [2] and even cultural beliefs and habits effects utilization of healthcare facilities. [3] Every culture irrespective of its simplicity or complexity has its own beliefs and practices concerning disease and evolves its own system of medicine and this medical system is known as traditional medical system. [4]

Ladakh, the northern most part of India with an area of 96701 sq.km in the Trans -Himalayan region of India lies between 32° 15 ' to 35° 55 ' north latitude and 75° 15 ' to 80° 15 ' east longitude (Fig.1). Located at an average altitude of 3500 m, the region experiences arid and cold climate. Mean maximum temperature is 24<sup>0</sup>c and mean minimum temperature is -20<sup>0</sup>c. Winters are of long duration (Oct. - April). [5] The settlements are scattered in remote inaccessible areas where the allopathic medical system facilities are meager.

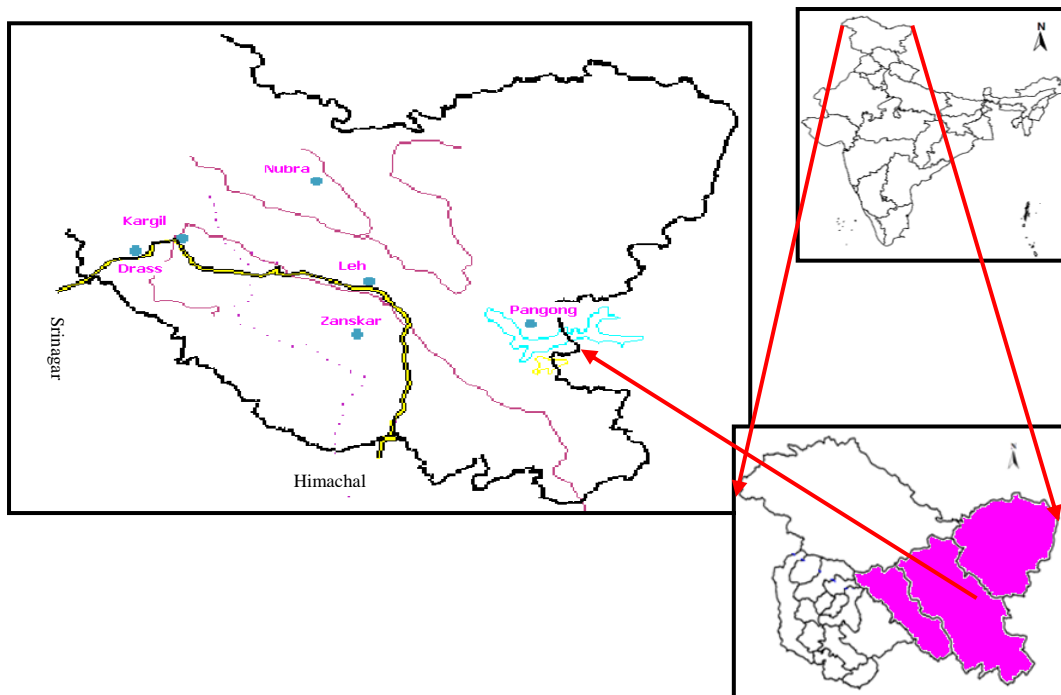


Fig. 1: Location Map of Study Area

The region is rich in ethnic folklore, culture, and heritage and is characterized by its own geographical peculiarities. [6] The region has a rich biodiversity of medicinal plants and most of the people especially in the rural areas still rely on medicinal plants for their treatment during ill health. The traditional medicinal system prevalent in the area is commonly known as Amchi medical system - an off shoot of Tibetan medical system. [7]

Traditional medical system, one of the approaches [8] and major subfield of Medical Geography, [9] has received attention only after 1970 [10] but a very good contribution has been made in this field by medical geographers and some notable contributions are, Integration of Siddah medicine in the primary health centres of Tamil Nadu by Ramesh and Hyma; [11] Traditional healers in rural Hausland by Stock; [12] Sidah medical system in Madras by Hyma and Ramesh; [13] Indigenous practitioners of Sidah medicine in south India by Hyma and Ramesh [14] health

related beliefs and attitudes of Hausa people of Nigeria by Stock. [15] Some other remarkable contributions are that of Phillips; [16] Ramesh and Hyma; [17] Warren; [18] Akhtar and Rather; [19] Good; [20] Leslie. [21]

The present research in the same direction was carried out to investigate the role of traditional knowledge in the medical therapy of Ladakh.

## MATERIALS AND METHODS

### Data base

The present study is mainly based on primary data and partly on secondary data. Secondary data was collected from census handbooks, books and Journals, while as primary data was collected through field survey.

### Methodology

#### Selection of Sample

The study area was delineated into 6 physiographic regions (6 Physiographic Divisions are the valleys of which the Ladakh comprises of - Nobra, Leh,

Changthong, Zanskar, Suru and Drass. Stratified Random Sampling technique was used for the selection of 18 sample villages (15% of total revenue villages, 3 from each region but all falling in rural areas. For household survey, sample size of 200 households comprising 20% households of each sample village were selected by employing stratified random sampling technique.

### Sample Survey

An intensive and effective household survey of 200 households in rural areas of Ladakh was conducted with the help of a structured questionnaire containing questions regarding Socio-economic variables of households, utilization and preference of traditional medical system and the source of knowledge behind the utilization of this medical system, perception of disease and management of different types of disease in different regions of Ladakh.

28 Am chi practitioners comprising 10% Sample size were selected by using

stratified random sampling technique. Interviews were carried out with Am chi practitioners regarding practice of Am chi medical system and their socio – economic aspects. Source of traditional medical system, herbs and their distribution in the area, part of the herb used in different treatments and their satisfaction with the job were the main aspects of discussion with Amchis. Altitude of different locations of herbs was noted from the topo- sheets of the study area.

### Data Analysis

The data collected through household survey and interviews with Am chi was tabulated, analyzed and interpreted. Statistical relationship measures like correlation, regression and coefficient of determination were used to find out the association between socio-economic variables and traditional medical system.

## RESULTS

Table. 1 –Utilization and preference of medical system and source of knowledge in Ladakh.

Physiographic Divisions	No. of Households Surveyed.	Medical System Utilized (No. Of Households with %age to total)			Preference of Amchi Medical System	Sources of Knowledge for Utilization of Amchi Medicine.	
		Allopathic	Amchi	Both		Traditional	Literature
Nobra	37	15 (40.52)	17 (45.97)	5 (13.51)	23 (62.16)	8 (47.05)	9 (52.95)
Leh	40	21 (52.50)	15 (37.50)	4 (10.00)	24 (60.00)	8 (53.33)	7 (46.66)
Changthong	38	12 (31.58)	23 (60.53)	3 (7.89)	30 (78.94)	12 (52.17)	11 (47.82)
Total for Leh District	115	48 (41.74)	55 (47.83)	12 (10.43)	87 (75.65)	28 (50.91)	27 (49.09)
Zanskar	28	10 (35.72)	14 (50.00)	4 (14.28)	19 (67.87)	11 (78.57)	3 (21.43)
Suru	34	18 (52.94)	13 (38.25)	3 (8.81)	21 (61.76)	7 (53.85)	6 (46.15)
Drass	23	10 (43.48)	10 (43.48)	3 (13.04)	12 (52.17)	6 (60.00)	4 (40.00)
Total for Kargil District	85	38 (40.70)	37 (43.54)	10 (11.76)	52 (61.17)	24 (64.86)	13 (35.14)
Total for Ladakh Division	200	86 (43.80)	92 (46.00)	22 (11.00)	129 (64.50)	52 (56.52)	40 (43.48)

Source: Based on data obtained from field survey - 2009

### Utilization and preference of medical system

Analysis of data reveals that out of 200 households surveyed in Ladakh division 46% were found utilizing traditional medical

system and 64.50% were found giving preference to this medical system. Utilization of traditional medical system was 47.83% in district Leh and only 43.54% in district Kargil. The preference of amchi medical systems was found very high in district Leh (75.65) and only 61.17% in district Kargil. There is a very good regional variation in both utilization and preference of traditional medical system. Sources of knowledge for utilization of traditional

medical system are both traditional as well as literature. Near about 56.52 % were having traditional knowledge of using traditional medical system and 43.48 % have learned the utility of using traditional medical system from the literature (table 1) It was found that there is very good relationship between utilization of amchi medical system and socio-economic variables like age, income and levels of education, (Table 2).

**Table 2 Relationship between amchi medical system and Socio-economic variables**

Socio-economic attributes	Regression Equation	Co-efficient of Determination $r^2$	Co-efficient of Correlation (r)
Levels of Income	$Y=72.32+0.881x$	+0.788	+0.888
Level of Education	$Y=97.88+0.521x$	+0.273	+0.523
Age	$Y=39+0.756x$	+0.927	+0.963

Source: Calculated from data obtained from field survey -2009

### Socio- economic Characteristics of Traditional Medical Practitioners

Out of 28 amchi surveyed 37.71% were falling in the age group of 20-40 years and 64.29% were above 40 years ; 39.28 % were illiterate and only 60.72% were literate; 60.72% were having monthly income of rupees less than 3000 and only 39.28% were having an income of rupees

more than 3000 per month. Most of the amchi (64.29) were doing practice at home and only 35.71% were doing practice at clinics. Amchi who learned the art of healing from their parents were 53.57% while as 46.43% had obtained training from a recognized amchi training college (Table 3).

**Table: 3 Socio- economic Characteristics of Traditional Medical Practitioners in Ladakh.**

Physiographic Divisions	No. of Amchis Surveyed	Socio-economic characteristics of Traditional Medical Practitioners with %age to total									
		Age (years)		Qualification		Income Rs/month		Place of practice		Source of knowledge	
		20-40	Above 40	Illiterate	Literate	<3000	>3000	Home	Clinic	Learned from parents	Trained
Nobra	4	1 (25.00)	3 (75.00)	1 (25.00)	3 (75.00)	3 (75.00)	1 (25.00)	3 (75.00)	1 (25.00)	2 (50.00)	2 (50.00)
Leh	7	3 (42.85)	4 (57.15)	1 (14.28)	6 (85.72)	3 (42.85)	4 (57.15)	2 (28.56)	5 (71.44)	2 (28.56)	5 (71.44)
Changthong	7	2 (28.56)	5 (71.44)	5 (71.44)	2 (28.56)	6 (82.72)	1 (14.28)	6 (85.72)	1 (14.28)	6 (85.72)	1 (14.28)
Total for Leh District	18	6 (33.33)	12 (66.66)	7 (38.89)	11 (61.11)	12 (66.66)	6 (33.33)	11 (61.11)	7 (38.89)	10 (55.55)	8 (44.45)
Zanskar	5	2 (40.00)	3 (60.00)	2 (40.00)	3 (60.00)	3 (60.00)	2 (40.00)	4 (80.00)	1 (20.00)	4 (80.00)	1 (20.00)
Suru	3	1 (33.33)	2 (66.66)	2 (66.66)	1 (33.33)	1 (33.33)	2 (66.66)	1 (33.33)	2 (66.66)	1 (33.33)	2 (66.66)
Drass	2	1 (50.00)	1 (50.00)	Nil	2 (100.00)	1 (50.00)	1 (50.00)	2 (100.00)	Nil	Nil	2 (100.00)
Total for Kargil District	10	4 (40.00)	6 (60.00)	4 (40.00)	6 (60.00)	5 (50.00)	5 (50.00)	7 (70.00)	3 (30.00)	5 (50.00)	5 (50.00)
Total for Ladakh	28	10 (37.71)	18 (64.29)	11 (39.28)	17 (60.72)	17 (60.72)	11 (39.28)	18 (64.29)	10 (35.71)	15 (53.57)	13 (46.43)

Source: Based on data obtained from field survey - 2009

## Perception of Disease in Rural Ladakh

The study pertaining to people's perception of disease reveals the level of understanding about a disease. It is evident from the table 1.3 that about 32.50 % of the households surveyed considered the cause of disease due to super natural forces and did not take any medicine. They believed that a curse of God caused disease and thus pray to

Almighty for recovery. Perception of disease due to black magic was noted in 22.50 % , Perception of disease due to change in food and perception of disease due to bad air was noted in 16.55% and 11.25% of sample households respectively. A considerable variation in different types of perception of disease has been identified in the sample villages (table 4).

**Table 4 - Perception of Disease by Sample Households in Ladakh.**

Physiographic Divisions	No. of Households Surveyed	Perception of disease ( No. of households with %age to total				
		Disease due to Nature	Disease due to Bad luck	Disease due to Black magic	Disease due to Change in food	Disease due to bad air
Nobra	40	12 (30.00)	8 (20.00)	6 (15.00)	10 (25.00)	4 (10.00)
Leh	52	16 (30.77)	8 (15.38)	6 (11.54)	10 (19.23)	12 (23.08)
Chag thong	28	8 (28.57)	4 (14.33)	10 (35.71)	4 (14.28)	2 (7.14)
Total for District Leh	120	36 (30.00)	20 (16.67)	22 (18.33)	24 (20.00)	18 (9.00)
Zanskar	24	8 (33.34)	4 (16.67)	10 (41.66)	2 (8.33)	--
Suru	16	8 (50.00)	4 (25.00)	4 (25.00)	--	--
Dras	40	12 (30.00)	8 (20.00)	6 (15.00)	10 (25.00)	4 (10.00)
Total for District Kargil	80	28 (35.00)	16 (20.00)	20 (25.00)	12 (15.00)	4 (5.00)
Total for Ladakh	200	64 (32.00)	36 (18.00)	42 (21.00)	36 (18.00)	22 (11.00)

Source :- Based on data obtained from field work -2009

**Table 5 – Management of health problems by sample households in Ladakh.**

Health Problems	No. of Households Surveyed	Discuss in the Family for home remedies	Management of health problems				
			Discuss with friends	Purchase medicine directly from shops	Consult Traditional Practitioner	Go to Hospital	Don't go for few days
Fever/Typhoid	200	45 (22.50)	20 (10.00)	15 (7.50)	30 (15.00)	30 (15.00)	60 (30.00)
Cough/Cold	200	25 (12.50)	15 (7.50)	10 (5.00)	20 (10.00)	15 (7.50)	115 (57.50)
Anemia	200	30 (15.00)	35 (17.50)	15 (7.50)	50 (25.00)	20 (10.00)	50 (25.00)
Diarrhea	200	20 (10.00)	50 (25.00)	15 (7.50)	60 (30.00)	40 (20.00)	15 (7.50)
Eye Diseases	200	15 (7.50)	20 (10.00)	25 (12.50)	75 (37.50)	25 (12.50)	40 (20.00)
T. B./Asthma	200	30 (15.00)	15 (7.50)	10 (5.00)	50 (25.00)	20 (10.00)	75 (37.50)
Stomach Pain	200	35 (17.00)	20 (10.00)	20 (10.00)	40 (20.00)	50 (25.00)	35 (17.50)
Fracture	200	50 (25.00)	20 (10.00)	10 (5.00)	70 (35.00)	15 (7.50)	35 (17.50)
Others	200	45 (22.50)	25 (12.50)	15 (7.50)	50 (25.00)	10 (5.00)	55 (27.50)
Total	1800	295 (16.39)	220 (12.22)	135 (7.50)	445 (24.72)	225 (12.50)	480 (26.67)

Source: Based on data obtained from field work -2009

## Management of health problems in Rural Ladakh

Inter-regional differences within the cold desert Ladakh show different types of management of diseases. Analysis of the

table 5 shows that the largest percentage of the households surveyed (26.67%) does not report to the hospital or any other type of medical practitioner for a couple of days but practices home remedies. About 16.39 % of

the households were found discussing the health problem within the family and 12.22 % discussed health problems with the friends. A large group of households (24.72%) consulted the traditional practitioners for various health problems. Allopathic medical facilities were attended by only 12.50 % of the households and 10 % purchased medicines directly from the medical shops.

## DISCUSSION

No doubt both amchi and allopathic medical systems are utilized in Ladakh, may be because of different attitude of people towards different system of medicines as man has been doing same since past but the trend of both, utilization as well as preference was towards amchi medical system in all the rural areas of Ladakh and the reason could be for centuries the amchi, the only medical system was accessible to people and is still an important component of public health . However utilization of amchi medical system is more in District Leh than that of District Kargil (Table 1) and the reason may be socio- economic and cultural differences. Analysis of the data reveals a very good regional contrasts in the utilization of medical systems. Amchi medical system is more dominant in the regions of Changthong and Nobra of Leh district and Zanskar region of Kargil district. The preference of amchi medical system than allopathic medical system more than 50% not only in both the districts but also in all the regions has been noted and the probable reason for higher preference could be no side effects and low cost in amchi medical therapy .No doubt majority of households were having source of knowledge for utilization of amchi medical system as a traditional one (56.52 % ), however there are very good regional differences in the source of knowledge for utilization of amchi medical system. The

reason could be the regional variation in the increasing role of allopathic medical system and professional Tibetan medical system in Ladakh. The results derived from regression models representing relationship between utilization of amchi medical system and socio-economic variables show very good results. This can be attributed to the fact that socio-economic and cultural aspects play an important role in the utilization and preference of different medical systems as observed in the cold desert of Ladakh and above all amchi medical system being embedded in Buddhism very common religion in Ladakh. [22] It can be visualized from the Table.2 that the values of regression equation, coefficient of determination ( $r^2$ ) and coefficient of correlation are very high for the socio-economic variable age, followed by level of income and level of education. Average rate of change denoted by slope of the regression line is also very large for all variables which may be attributed to the fact of strong faith of the people in traditional medical system.

Persons practicing traditional medical system are called traditional healers and the traditional healers in Ladakh are known as Amchis and the present generation of Amchi is the 6th generation of unbroken family. Socio-economic characteristics of Amchis in different physiographic divisions of Ladakh depicts some interesting results. All of them were male with a majority falling above the age of 40 years. A large percentage of amchi were illiterate and have learned art of healing from their parents because it is their traditional medical system and its practice is handed over from one generation to another. To become an Amchi is not easy but it takes some years to become an expert amchi and the new amchi is first examined by a group of expert amchi in front of villagers in a ceremony for registration . A very good

percentage of Am chi were formally trained as amchi like monks used to proceed Lassa to get their training, and even Ladakh Society for Tibetan Medicine (LSTM) offers four year diploma course (Dusrapa Program) and six year degree course (Katchupa Program) at Central Institute for Buddhist Studies in Ladakh. Himachal Pradesh and from Tibetan Institute Leh. [22] It is also evident from the table that most of the Am chi practitioners were doing their practice at home except some few were doing practice at clinics and the clinics were located only in urban areas of Leh and Kargil districts. Majority of the Amchis were having income level above Rs.3000 per month which is an indication of good response of the patients towards this medical system .

Since the time immemorial the Himalayan flora has been a major source of medicinal plants and Ladakh range is not an exception to it. No doubt the region has a very rich herbal wealth [23] because of wide variation of climate, altitude and soil. There is a very good use of local herbs in different diseases but the problem lies in the fact that majority of herbs are harvested from wild and unscientifically which may be the cause of their depletion and even extinction if conservation not taken as a priority and our results were not contradictory to that of LSTM that certain species are under threat of extinction. [24] The region is characterized by its own floristic composition and the man- plant relationship has been, to a great extent shaped by its traditional culture.

Perception of disease among the sample households reveals the traditional way of understanding of the cause of diseases. All the types of perception of disease like disease due to nature, disease due to bad luck, disease due to magic and disease due to bad air and bad food are based on traditional background. Traditional way of perception of disease in

all the regions of district Kargil is higher than that of Leh and the reason could be that district Kargil is more backward than that of district Leh.

Management of health problems among the sample households is also a traditional one. Different practices of treatment of diseases like discussion in the family, discuss with friends, buying medicines directly from medical shop, not going for hospital for many disease and going to traditional healer are all based on traditional knowledge.

## CONCLUSION AND SUGGESTIONS

The present study leads to the conclusion that traditional knowledge plays an important role in the medical therapy of Ladakh. Amchi medical system is dominant both in utilization and preference especially in rural areas of Ladakh and people have a very good traditional knowledge behind it. Traditional healers are known as amchi and being an amchi in Ladakh had been a tradition as most of the amchis have adopted this tradition from their ancestors and only a few of them obtained this knowledge from different trainings. Perception of diseases and management of various diseases is also based on traditional knowledge . The study reveals that amchi medical system is well rooted in Ladakh as it is socially, culturally and environmentally close to these people and its development in such a socially and culturally distinct area would strength health care sector. The region has a rich herbal wealth but no attention is paid by the Government for its preservation and there is every chance of its extinction. For the better health care in Ladakh, the following suggestions are recommended;

- Amchi medical system should have clinical efficacy, even if it is practiced by a patient who had no inclination to any form of religious

belief, practice or faith. It needs development that too on professional lines so as to make it more scientific and effective. Training programmes should be arranged for Am chi by the Government from time to time.

- Ladakh Society for Tibetan Medicine (LSTM) should be provided full support for the development of amchi medical system in Ladakh.
- There is a bad need of integration of allopathic and amchi medical systems both at institutional and manpower levels in such tribal and far-flung area. Job opportunity must be provided by the government to the professional Amchis under NRHM Scheme. There should be one post of Am chi Practitioner at each Allopathic Health Care Facility.
- Ladakh region is ecologically viable for the growth of herbs. Provisions should be made for the conservation of ethno-medical plants in the region. The conservation of medicinal plants is vital to the continuity of amchi medical system.
- Last but not least is the provision for strengthen of Research in Medicinal plants in the region that will bring efficiency in medicines prescribed by the amchis.

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