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Ethnographic Study of Complementary and Alternative Medicine: Among Awadh Community, Lumbini province, Nepal

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Abstract

This ethnographic study looks into how the Awadh community in Lumbini Province, Nepal, uses Complementary and Alternative Medicine (CAM) in their daily life. For this study, I have conducted informal interviews in diverse settings like homes, fields, and public spaces to collect insights from various groups, including children, housewives, farmers, elders, teachers, and local leaders from the community. The findings show that CAM practices, such as utilization of herbal plants and their products, fasting and dietary traditions, body massage etc. are part of their daily life. For them, CAM practices are not only remedies but also preventive and wellbeing measures. This study further shows the significance of CAM is not limited to healthcare but has an important role in shaping cultural identity and strengthening social bonds. The study also explores different factors for the preference of CAM, and found socio-economic, cultural, accessibility and education as leading factors. This Ethnographic research contributes to an in-depth understanding of the significance of CAM in the Awadh community and focuses on the need for culturally sensitive health policies in Nepal.

Keywords: *Ethnographic Study, Complementary and Alternative Medicine (CAM), Traditional Health Practice, Awadh Community Lumbini Province Nepal, Critical Medical Anthropology.*

INTRODUCTION

Complementary and Alternative Medicine (CAM) is growing as a recognized medical practice, which includes a wide range of therapeutic approaches for the prevention and management of various human health problems (Poudel et al., 2023). CAM covers medical products and traditional health care practices which are beyond the mainstream Western medical practices, and is represented by the acronym NCCAM (United States National Center for Complementary and Alternative Medicine) (NCCIH, 2021). CAM practices such as herbal remedies, therapies such as yoga, pranayama, meditation, dietary supplements and fasting, systems like Ayurveda, Chinese medicine, homeopathy, and naturopathy are common practice globally and most common factors for their adoption are accessibility, affordability and socio-cultural trends (NCCIH, 2021). The popularity of CAM is significantly high globally, however relying only on these options may pose potential health risks, particularly in critical life-threatening situations (Tangkiatkumjai et al., 2020). Even the trend for the CAM practice is significantly high in a global scale. The tradeoff between the traditional and modern medical practice is a critical issue, especially in regions where cultural beliefs and practices shape the social construct (WHO, 2019).

In Nepal, in general CAM practices seem to be an integral part of day-to-day life particularly in rural communities. The geographical diversity of Nepal includes Himalayan belt (Himal), the mid-hill region (Pahad), and the plain land (Tarai). Each of the regions contains different natural settings, environmental conditions and ethnic compositions, resulting in diverse Socio-cultural construct and the distinct variations in health beliefs, and healing traditions (Pokharel, 2025). For example, Amchi medicine is most commonly practiced among Himalayan communities, whereas Ayurvedic practices are more common in the hills and Terai regions (Sherpa et al., 2019). This diversification of CAM practices shows the importance of specific geographical and cultural contexts, shaping traditional healing systems to adapt the unique needs and worldviews of each of the regions.

Meudihawa village is located in Western Tarai belt of Lumbini Province, Nepal. Here, CAM practices are part of daily life and also contribute to cultural identity of the community people. As a medical practitioner serving these communities for over a decade, I have realized the importance of understanding CAM and other traditions for the proper health outcomes. Let me share with you an incident from my clinical practice; A patient presented with oral ulceration and mucosal lesion, which I initially misdiagnosed due to lack of information regarding the use of clove oil and plant latex which are traditional way of curing dental pain for them, a common

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practice in Awadh community. It is therefore essential for health professionals not only to be aware of these cultural practices but also set open, nonjudgmental dialogue with them, further ensuring proper treatment plans which are medically sound and culturally sensitive. My argument is that integrating ethnographic insight into clinical practice is crucial for improving health outcomes, creating trust, and delivering truly patient centered care in culturally diverse settings.

Even the CAM practices are very popular in this region, several critical gaps persist. First, there is not sufficient ethnographic documentation of the specific CAM practices by the Awadh community, which limits understanding of their cultural significance and practical applications. Second, the most contributing factors like Socio-cultural trends which influence health seeking decisions and the ways in which traditional and modern medical systems coexist or conflict remain poorly understood. Third, no scientific evaluation existed regarding the safety and efficacy of these traditional remedies commonly used in the community. Finally, the traditional health practices of the community face the risk of being washed off due to modernization, generational shifts, recent trend of migration and changing socio-economic conditions.

This Ethnographic research paper is important as it focuses on the importance of blending modern and traditional approaches of medicine and health practices to prioritize and strengthen human health and wellbeing. Considering the strategies are quite essential, which collectively strengthen both the systems for the better health outcomes at community level. However, there always remains concerns regarding safety and efficacy of such practices and products (WHO, 2019). Studies have shown risks such as adverse drug interactions resulting in serious health issues, when CAM combined with modern therapies (Werneke et al., 2004). Whereas, some studies also have shown that patients use CAM along with the conventional treatments to manage side effects and enhance health outcomes (Choi et al., 2022). For example, AYUSH practices in India have shown effective integration of both the systems among middle-aged adults and resulted in holistic care (Peltzer & Pengpid, 2021). Which shows that proper evidence-based integration of such practices is quite essential for strengthening the overall health system and brings a sense of community oneness.

The purpose of this study is to get insights of traditional medical practices, cultural beliefs, and health- seeking behaviors within the socio-cultural context of the Awadh community. The research question which guides this research is: "How do the Awadh community use complementary and alternative medicine within their natural setting?", By addressing this question, this study seeks to fill existing knowledge gaps and contribute to the development of culturally sensitive healthcare policies that support the safe and effective integration of CAM with modern medical systems. Furthermore, this paper also contributes to Sustainable Development Goals (SDGs) especially goal no. 3 that is good health and wellbeing.

LITERATURE REVIEW

This section provides an overview of the core ideas and key theories that further shape the understanding of Complementary and Alternative Medicine. Before beginning the thematic review, I find it is important to set the context by exploring key concepts and scholarly discussions around CAM from both global and Nepali perspectives. This review further allows us to understand the diversity of CAM practices and their socio-cultural significance, along with ongoing discussions and pressing issues regarding their safe integration, perceived effectiveness, and the challenges related to regulation and safety. Which further provides the foundation for identifying the main themes and patterns for further discussion.

CAM: Global Overview

Complementary and Alternative Medicine includes a broad set of healthcare practices that are part of a country's cultural heritage but are not fully integrated into the mainstream healthcare system (Parajuli et al., 2009). One of the reasons for its recognition is limited research and concerns about human health by such practices.

Globally, CAM is recognized for its potential health benefits and minimum side effects (Al-Worafi, 2023). It has got wide range of curing ability for a variety of health conditions, ranging from minor health issues to chronic illnesses (WHO, 2019). Due to such ability, CAM practices are becoming popular globally. Even though the practices represent tradition and identity of the community, modern medical science has not fully accepted them due to concerns about their safety, effectiveness and potential risks. However, incorporating these practices after proper scientific research into mainstream healthcare systems, could be a practical solution for better health outcomes and also help bridge the gap between traditional and modern medicine. Which ultimately establishes the trust of communities in mainstream medical practices.

There are ways of using CAM that are different across regions and cultures, reflecting their own traditions, culture and beliefs. In many Asian countries, including Nepal, CAM practices such as Ayurveda, traditional medicine, Chinese therapies, herbal remedies etc. are being used for curing health issues for a longer time (Tangkiatkumjai et al., 2020). Such practices often get preferences due to their cultural relevance, affordability, and accessibility (Coulter & Willis, 2004). However, proper and scientific evaluation of the traditional practices are important for safer integration into mainstream healthcare. Moreover, it is crucial to take a broader view while considering traditional practices, rather than focusing solely on their short-term benefits, which eventually helps to ensure sustainable well-being and also bridges the gap between traditional and modern health care practices in the community.

A systematic review by Tangkiatkumjai et al. (2020) reflected factors influencing global CAM practices, and shows factors such as: dissatisfaction with conventional medicine, perceived effectiveness of CAM therapies, and cultural beliefs are the leading factors. Moreover, in conditions where modern medical practices fail to cure certain health issues, people often prefer CAM as their last resort, which further unknowingly fix their belief in its effectiveness. However, it is very important to note that the observed outcome may be due to by-chance, rather than CAM's therapeutic potential. This suggests thorough case studies are needed to establish the efficacy of such products ensuring their proper adoption into mainstream healthcare systems.

Similarly, A study conducted in the United States by Barnes et al. (2008) reported that nearly 40% of adults in the U.S. use some form of CAM for wellness and preventive measures for health issues. Despite the lack of mainstream recognition, CAM is continuously being practiced in communities worldwide, particularly at the individual level. These practices hold a special place in people's lives, allowing them to honor their cultural traditions and connect with their cultural heritage.

Nepali Context of CAM

In Nepal, CAM practices are generalized and deeply ingrained in everyday life of the people. From birth ceremonies to death rituals irrespective of the geographical location CAM has its significant role. Such practices reflect the local culture and traditions, including practices such as Ayurveda, homeopathy, naturopathy, and ethnic-specific traditional methods (Thorsen & Pouliot, 2015). Normally these practices are validated by the community and continue for the time being as tradition. However, for chronic health issues such as neurological pain, chronic gastric issues, Gyawali et al. (2015) highlighted the importance of Ayurvedic medicine in rural areas. Similarly, Parajuli et al. (2009) has shown the importance of herbal medicine, spiritual healing practices, and traditional massage as common therapies which are based on their traditions and beliefs for curing the health issues in the community. However, challenges remain there regarding the safety and efficacy of such practices. For example, Koirala et al. (2013) conducted a study among traditional medicine-based health centers in Kathmandu and found surprisingly high patient satisfaction among the participants and also focused on the importance of such services to ensure quality care. Additionally, Ranabhat et al. (2014) studied herbal product utilization in Kailali district and found herbs were quite effective for curing respiratory symptoms. However, there is not enough research conducted for their integration with modern healthcare systems. Findings from different research studies for various geographic communities have shown a prevalence of CAM use. However, further research is needed to check their effectiveness and document the findings to provide authorities with recommendations for their proper integration into mainstream healthcare systems.

Based on my experiences working as a medical professional and interacting with the Awadh community, I have often heard both medical professionals and a few local leaders describe certain CAM practices as superstitious and outdated. Their concerns are usually for the fact that there is not enough scientific research supporting many of these methods, and they worry about the safety of treatments and do not prefer anymore at personal level even though these are their own traditions. As a medical professional and researcher focused on CAM practice, I understand where these thoughts come from; that the modern healthcare system relies on evidence from clinical studies guiding the practice. This divide can sometimes lead people to either fully reject CAM as unscientific or, in contrast, accept it without questioning.

I have observed firsthand from my ethnographic research, how deeply the people in Awadh community value and follow the traditions and handover them to the newer generations. These practices range from body level e.g. fasting, using herbs, to go beyond the body by spiritual healing methods. For many, these practices are far from mere superstition and they believe health is closely connected to culture, nature, and society. At the same time, I recognize the concerns by critics, for example, that traditional remedies might delay people from getting timely biomedical care, or could interact problematically with modern medicines (Tangkiatkumjai et al., 2020). Simply neglecting CAM practices and considering it as superstition may overlook important dimensions like psychological, social, and cultural landscape of the health care domain. Research shows that beliefs in naturalness, holistic wellbeing, and the importance of personalized care are strong motivators for CAM, and are often mixed with distrust of mainstream medicine (Zörgő et al., 2020). If we want to improve health outcomes in countries like Nepal, it is important that health workers and policymakers should think beyond surface judgments of the problem, and further productive engagement with families and communities is crucial to find balanced solutions keeping respect to their tradition.

CAM: Socio-Cultural Perspectives

Understanding the socio-cultural dimensions of CAM practice is often essential to get insights of their role as health care measures. For the community, health is closely linked to cultural beliefs, following the traditions and illness is seen as a disruption of balance between body, mind, and spirit (WHO, 2019). Where, CAM and other traditional practices are major tools used to restore this balance through holistic approaches by addressing physical, mental, and spiritual health (Cassar, 2023). Even though, in most of the cases CAM is often used safely, there are cases, where using CAM as an alternative to conventional medical treatment can pose risks to the patient (Zörgő et al., 2020). In some situations, forgoing recommended biomedical treatment in favor of alternative therapies can be dangerous, especially for life-threatening conditions. Thus, it is quite important to get aware about the potential hazards as well while preferring

CAM as a complete replacement for conventional medicine. Especially to the remote regions like far west of Nepal, where modern mainstream health care systems are relatively less accessible due to difficult geographical landscape and less infrastructural development. However, considering health and wellbeing measures, A study by Kunwar et al. (2013) explored traditional knowledge of medicinal plants used in far-west Nepal and showed the practices are culturally inherited and at the same time evolving itself. Thus, reflecting their evolving concern to their health issues. Moreover, Raut et al. (2022) highlighted about how the traditional practices contribute to local livelihoods, study showed that such practices contribute by providing income opportunities through natural resource utilization. These findings further underscore the importance of CAM practices in the practical level within the socio-economic framework of the Nepali community.

METHODOLOGY

For this ethnographic study, I have used a reflexive thematic approach, which is outlined by Braun and Clarke (2006). Similarly, to get insights from society I utilized a special lens of Critical Medical Anthropology (CMA), that highlights the complex interplay between politics, economics, and social systems in shaping health outcomes (Gamlin et al., 2025).

Ethnography is a qualitative study method, which makes one, a part of the everyday life of the community under study. Thus, allowing to observe behaviors, beliefs, and social interactions from the insider perspective rather than implementing external frameworks (Hammersley & Atkinson, 2019). This approach allowed me to develop rich, detailed descriptions often called "thick description" that capture not only what people do, but the meanings and emotions behind their actions (Hammersley & Atkinson, 2019). Ethnography is very useful for studying complex cultural phenomena like CAM practices within the community and are potent enough to dig into the micro dynamics of such practices (Gautam, 2016). Studies like surveys and experimental research may miss important socio-cultural perspectives, However, ethnographic studies can provide an opportunity for sustained engagement and flexible data collection, letting the study to evolve, based on ongoing insights from the participants.

During my entire study, I lived within the Awadh community for almost two decades, participating in daily activities and carefully observing the health-related practices. For collecting information regarding the CAM practice from the Awadh community I used observation, unstructured and semi-structured interview methods. The longer engagement allowed me for a rich and in-depth understanding of their daily lives, cultural practices, and consumption of CAM within their setting. I firsthand observe the complex realities surrounding CAM practice within the community, that are often overlooked in medico-social discourses.

Within the community I established personal relationships with the community leaders, elderly, reputed public persons which helped me to build trust and rapport with other community members. For this study, I used local Awadhi language for communicating with the villagers. Throughout the study process I participated in a variety of activities like farming, household chores, religious ceremonies, and traditional and cultural practices. This enabled me to observe not only the explicit use of CAM but also the profound cultural meanings and social dynamics that are shaping such practices. I used a combination of observation and informal interview techniques. During the interview: I maintained handwritten field notes immediately during the process, if not possible then after interactions, and also photographs with participants with their verbal consent, to gain contextual details. Throughout the study process, I stayed reflexive constantly thinking about my own role in the research. I was also concerned about my professional background, and how that might shape the way I interpret findings, so I balance an insider's understanding (emic perspective) with a critical, analytical view point (Hammersley & Atkinson, 2019).

Informal Interview

I conducted informal, open-ended interviews with a diverse range of community members, including students, housewives, farmers, elders, teachers, and local leaders to collect the data and accomplish my observation. For that I approached participants in their everyday environments in their live settings e.g. early mornings at homes, evenings during animal husbandry, and in the fields during farming so that conversations are set naturally and comfortably. I conducted unstructured and conversational interviews, which allowed participants to guide for the discussion toward topics. As per the situation and demand I used probing questions to explore motivations, cultural beliefs, and the social factors influencing their health-seeking behaviors. I recorded interviews using audio devices only under verbal consent to ensure accuracy, which were also supplemented with detailed notes during and/or immediately after the conversations.

Participants

I used a purposive sampling method for selecting the participants, guiding for specific aims and context of the research. The main objective for selecting the participant was to get rich, unbiased, detailed, and culturally relevant insights into the use of Complementary and Alternative Medicine within their settings. As ethnographic studies explore social and cultural dynamics in depth rather than achieving statistical data, thus I focused on identifying information-rich individuals who could illuminate diverse perspectives on health beliefs, practices, and decision-making processes (Dahal et al., 2024). To increase the depth of information, and its proper validation I have selected participants across different age groups, genders, and social roles such as farmers, housewives, students, elders, teachers, local healers, and community leaders. The sampling method was adaptive, as the study progressed and themes emerged, I strategically

selected new participants who could complement newer themes, so as to enrich the data and enhance analytical depth of our ongoing study (Dahal et al., 2024). This flexible approach allowed me to explore variations within the community and acknowledge the voices from diverse groups regarding CAM related practice and also the power relations shaping their health behaviors.

While selecting the participants for the study, I found ethical considerations as important factors. During the process I ensured voluntary participation, informed consent, and confidentiality, while being sensitive to the community's socio-cultural norms. The rationale for the participants was clearly aligned with the goal to achieve that is the data saturation where no new significant themes emerged.

Once I collected the data, before analysis I began it with sincere reading through all my field notes and interview transcripts multiple times to get deep familiarize with the contents. Afterward, I selectively coded the data focusing on the parts most relevant to the study goals and the wider social context of health. Finally, codes were then grouped into broader themes such as cultural identity, access to healthcare, demographic indices, education level and economic pressures which I refined over time through ongoing reflection and analysis. I used the CMA framework (Gamlin et al., 2025), I synthesized the themes shaped by culture, politics, economics, and health policies for the health care choices in the community.

Key Findings

Meudihawa village is located in the Tarai belt of Lumbini Province, Nepal. The uniqueness of this village is due to its geographical proximity with India through an open border. The village reflects a blend of traditional and modern elements, showcases both cultural heritages along with the infrastructural development. It features mostly paved roads, numerous shops and pharmacies, schools, drinking water facilities, public transport accessibility, police station, nearby industrial areas, medical college, Eye and provincial hospitals located in just a few kilometers range. These provide villagers access to the modern amenities while maintaining their traditional lifestyle.

Meudihawa village, like other parts of Nepal's Tarai belt experiences the average summer temperatures around 40°C (Kathmandu Post, 2023). This hot and humid environment contributes for the high prevalence of health challenges such as snake bites and mosquito-borne diseases like malaria and dengue, mostly during the summer months (WHO, 2019).

Additionally, this area is rich in tropical flora including species such as Mangifera indica (mango), Litchi chinensis (lychee), Eucalyptus globulus (eucalyptus), Aegle marmelos (bael), Ocimum tenuiflorum (holy basil), Ficus religiosa (sacred fig), Bambusa arundinacea (bamboo), Delonix regia (flame tree), and Citrus limon (lemon) (Kunwar et al., 2013). Most of these plants and their products are traditionally utilized by the community to treat a variety of medical conditions. However, CAM practices in this community extend beyond the use of plants and their derivatives, animal products such as cow milk, ghee, cow dung and urine, as well as honey, are also important in treating various health issues within the community.

CAM as a Living Tradition

Despite the Modern advancements, the daily life of the villagers in Meudihawa remains deeply stuck in tradition. Mostly, people wake up early to engage in agricultural activities such as cultivating seasonal crops, grazing animals, household chores etc. A noticeable practice that i observed is the use of plant sticks for cleaning teeth in the morning especially by women and girls, common during the holy month of Shrawan. Naina Davi, my 45-year-old neighbor whose family has lived in Meudihawa for generations, once told me why this is so important. During the Mondays of Shrawan when people fast to honor Lord Shiva, they don't use toothpaste or toothbrush because it kills kida the tiny living organisms inside the mouth. She said with warmth.

> *"My mother taught me to clean my teeth with neem sticks on the fasting days. It is a tradition which helps keeping me pure and connected to our ancestors."*

This simple act is not just about staying clean but a way women pass down culture, spirituality, and care across generations. It is a form of healing and connection, taught from mother to daughter, filled with meaning.

Another traditional practice that I experienced closely during my everyday morning walk, was making "Guetha," the dried dung cakes mainly used as cooking fuel. Varoshi Kaki, a 68-year-old respected woman in the village, invited me to join her one morning making that. As we worked side by side, she shared her insights,

> *"When Guetha burns, its smoke moves snakes and mosquitoes away, protecting all of us people and animals that we cultivate too."*

She added that it's been utilized in holy prayers (puja-path) and all rituals to make smoke (dhuman) every morning, and is mandatory in death rituals and burning the dead body as well.

Helping her made me observe and feel that Guetha is much more than just cooking fuel, it has connected to major preventive health measures, safety, and spiritual life all at once. Most houses in the village have piles of it stored in front of their homes, signifying its importance in their daily life.

In Meudihawa, the arrival of winter brings a severe chill the cold wave (shitlahar), but it is not just the cold that is a challenge, instead health issues like respiratory ailments that come more abruptly with it. Children and the elderly are often the most vulnerable ones. I have observed most frequently that whenever the families encounter such issues, instead of panic, families respond to it with calm, care, and in a traditional way.

Let me share an experience that stood out to me. A 14-month-old boy Lalla, son of Jamuni and Kuber, with signs of severe respiratory distress, there I observed, did not even rush to the hospital. Instead, they followed to a remedy they knew well, Tulsi leaf juice, warmed over the Guetha fire and mixed with honey. They prepared it every morning and evening and fed it to Lalla.

As a clinician, I was inclined to recommend them for a hospital visit, but as a researcher, I chose to pause and observe their practices. Both of the parents were quite confident about the traditional remedy that they were implementing to Lalla, reflecting their past experience, and deep trust. Lalla's grandmother while discussion shared her faith with me,

"This Tulsi medicine healed my son Kuber, when he was a kid. I know it will heal Lalla too."

This engagement showed that CAM in this community is not just a static tradition, but a dynamic social process. Where such practices carry negotiation of evidence, belief, and cultural meaning.

In Meudihawa in general traditional home remedies are often seen as the first line of health care options and the modern biomedical care is reserved for the time when symptoms persist or when they feel some extra health threat. Moreover, factors such as education, socio cultural construct, economic realities may also play a significant role in shaping healthcare priorities. Here, CAM offers affordability, accessibility, and relieving financial pressure and allowing families to live without dependence on costly modern health alternatives.

The Changing Face of CAM

Growing up in my professional career and living in Meudihawa, reveal my understanding of Complementary and Alternative Medicine not limited to clinical observation, reshaped by many more like socio-cultural observations and shared moments at different places from the community like sitting on mud floors, walking through fields, at household works, participating in rituals. CAM here is not just a set of remedies, it is an essential day to day component, passed across generations. As lives and values change along with the time, CAM adapts and evolves to meet their needs.

One morning, as I sat with Baneli Chachi, the old woman who brings fresh cow milk to my home each day, she shared about her grandson's upcoming departure to study abroad. Her voice held both pride and quiet concern:

"Doctor Babu, our grandson will soon be far from here for study. It makes me wonder about the cows and the work we do, who will carry this on when we are gone?"

Her husband Dayal Baba, could not quite mask his sadness and said;

"Our children have new dreams and jobs now; another grandson runs a mineral water business. They don't have time for Guetha and all these old ways. Even though we use Guetha for cooking, these youngsters say it causes respiratory problems. We don't understand their worries, but we can feel the changes in thinking over time."

Their reflections revealed more than a generational divide; they exposed the emotional weight of transition. The shift is not abrupt, but gradual and uneven. This change is evident in other public spaces as well. Here I share with you a reflection at the village pharmacy, by Thapa Dai.

"During flu season, we still see people coming with home remedies first. But nowadays, parents are more concerned for their children and come here sooner. Often, they mix both approaches, herbs at home, medicine from the shop."

This blending of CAM and biomedicine is now common in Meudihawa. They follow health decisions with pragmatism, balancing cultural faith, economic possibility, and clinical caution. Though these kinds of practices have potential health threats on their own, such practices here seem to be not a rejection of tradition, but reworking of it to fit with the realities and the time.

CAM as Gendered Knowledge

In Meudihawa, mostly the women found to play a special role in passing down traditional CAM practices to their families. They share their knowledge through hands-on teaching, gentle correction, and stories. When someone is sick, it is often the grandmother's remedy, the mother's fasting, or their ritual massage that helps them feel better. Men are seen, though less directly involved in daily remedy-making, play crucial roles as both witnesses and defenders of such traditions.

Here, women prepare herbal remedies, lead fasting diets, and give soothing massages that not only help the body but also bring people closer together. I most often have noticed these traditional practices like oil massage between children and their mothers, husbands and wives, or in-laws and daughters-in-law in the community, hence strengthening their family relationships. I often saw grandmothers teaching their grandkids how to make traditional remedies, like crushing leaves for a special paste or preparing a healing tea by using herbs. With calm confidence, they passed on not only health tips but also family traditions, showing that caring for the body and passing down heritage go hand-in-hand.

One afternoon, over a simple fasting meal, Sunita a young mother while preparing these to her husband shared:

"My dadi ji showed and taught me to prepare this balm when I was child; it heals bruises and warms the body. I often use it for my husband, when he comes back to home from tiring field works"

These acts are intimate, ritualized, and deeply relational. They are not just about healing, but about teaching, connecting, and sustaining cultural identity and legacy keeping these traditions alive.

CAM: A Pragmatic Choice

In Meudihawa, health choices are not approached as a strict

tradeoff between traditional and modern medicine. It is a daily negotiation, one shaped by experience, trust, local availability, economy and the time. After living and working together in the village for years, I have come to see that CAM is not just tradition here, but is a practical and flexible response to villagers' life needs.

In the community, even biomedical services have expanded, pharmacies are more common now, and a medical college is within reach, CAM remains at preference for most families. These are flawless, effortless, most affordable, familiar, and harmoniously synchronized to their lives. Herbal teas, mustard oil massages, homemade ointments, and spiritual rituals are used not just to treat illness, but to keep life moving. People often continue farming, cooking, or caring for children while managing symptoms quietly with remedies they trust.

One morning during dhanropani, the rice planting season, I visited Brinda Didi, a 45-year-old female known for her love of home gardens and deep knowledge of plants. Her feet were cracked, her body sore from long hours in the field. Yet she did not reach for pills. Instead, her daughter gently massaged her legs with warm mustard oil. She was confident and calm while sharing with me;

> *"Even medicine doesn't help my pain the way oil massage does, I feel warmth in my body, sleep soundly, and my cracked heels heal faster."*

She learned this from her parents and grandparents, and now her daughter carries it forward effortlessly, just as part of daily life practices.

I observed stories like Brinda's are everywhere in Meudihawa. CAM works well because it fits into their lives, resolves their needs and demands without extra time and economic burdens and hence earning their trust and respect. Here, it is a part of daily routines, passed down through generations, and used with confidence. It helps people treat health issues while keeping their work and finances intact. However, sometimes the pattern of reliance on it has health threats. I have seen people often waiting too long to seek medical care, turn only when CAM does not work, and by then, the illness may have worsened, requiring more expensive and intensive treatments.

CAM: Hidden Challenges

In Meudihawa, CAM practices are not just concerned with treating illnesses, it is a way of life and connects people to their culture and community. Here even modern medical services are accessible, traditional practices occupy large space in their everyday life. However, this trust can sometimes lead to delays in getting proper medical care, which can have serious health consequences.

In a public space I firsthand observed a case of a mid-aged woman named Ami chachi, carefully handling the leaves and steaming flowers of the Kaner plant (Cascabela Thevetia) for a few successive days, that attracted my attention. For days, I noticed her routinely breaking the steaming leaves and applying their latex directly to her jaw. I noticed her, performing with quiet determination that piqued my curiosity. When I finally asked her about it, she shared:

> *"Babu, my tooth has been aching badly for over a week. I apply the latex 3 to 4 times daily. I trusted it would help, but now my face is swollen, and the pain worsens."*

As a clinician familiar with the signs of escalating infection, I immediately advised her to visit a dentist. She hesitated, revealing deeper barriers:

> "*No one is at home now to accompany me, and money is tight. I thought this latex would cure me eventually I was confident and just waited."*

As I walked with her again weeks later, smiling and performing her household chores comfortably, I felt a mix of relief and concern. This encounter stayed with me, illustrating the double-edged nature of traditional medicine's role here. I found these practices as a source of healing, trust, and identity and at the same time a potential risk factor, when used without professional guidance or cultural beliefs about illness delay timely medical intervention.

Another unforgettable moment is from Siyadevi, a 40-year-old woman who visited my clinic presenting a severe oral infection and required minor surgical intervention. During the procedure, she became distressed and refused the forgoing procedure. In a hushed conversation, she shared with me her reasons.

> *"I am keeping a strict fast, no salt and regular foods for a whole week, this is sacred to me and my family. Breaking this can bring bad luck or worse. Even if I feel weak, I must finish what I started."*

At that time her situation was critical, blood pressure was very low and infection was spreading. I listened to her concerns and gently explained the medical dangers and possible consequences. Finally, through open and nonjudgmental conversation with Siyadevi and her husband, she agreed for treatment.

Her conviction to such traditional practice is representative of the community, reflecting the level of faith and determination for continuing the tradition. Her words still resonate with me: "I must finish what I started" reflects the deep social meaning that her decisions for it were not just about her individuality, but bounded by complex webs of relationships and cultural norms that drive her life. It not only is the testament to the power of tradition, but shows depth of its coverage, driving social behaviors. This shows the need for healthcare providers to pay attention to such alarming trends and set open nonjudgemental discussions for better health outcomes.

DISCUSSION

This ethnographic study shows how CAM is embedded in everyday life and health care practices in the Awadh

community, mirroring the dynamic interplay between cultural heritage, socio-economic realities, and healthcare preferences. The findings further show that CAM here is not just a medical solution, but a way of life. Such practices here are shaped by cultural belief, gender, and practical realities like economic conditions. Here, CAM is lived, experienced, and passed down from generation to generation. Moreover, CAM practices exist not in opposition to modern medicine, but alongside and are often the foremost trusted health alternatives.

Cultural Continuity and Generational Shift

Within the community, CAM practices such as locally sourced plant products, oil massage, dung cake etc. are integrated into daily life. This preference is because of their accessibility, cost effectiveness and cultural belief. However, within the community generational shift also has a significant role on healthcare preference, as younger and educated individuals favor modern medicine as their health care options. It shows the dynamics between cultural preservation and globalization, which align with global patterns of CAM usage (Tangkiatkumjai et al., 2020) and is also applicable within Nepali rural healthcare landscape.

The importance of traditional and locally sourced remedies for non-life-threatening health issues by the Awadh community are similar findings from Parajuli et al. (2009) and Thorsen & Pouliot (2015). CAM practices are culturally inherited, deeply rooted in ancestral wisdom and daily practices and observances. These further guide its role as a lived tradition rather than mere a medical alternative.

However, the impact of globalization and generational shift observed among younger villagers, prioritizing modern medicine highlights the impact of urbanization and education on healthcare choices, a similar trend consistent with studies in Sri Lanka (Padmasiri, 2018) and Denmark (Moller et al., 2024). The reflections shared by Baneli Chachi and Dayal Baba, reflects the emotional weight of such transition. Where their prime concern is about the younger generation's declined interest in traditional practices and anxiety for its loss. At the same time this study also reveals the change is not sudden, a gradual and uneven process. Similarly, as observed by Thapa Dai at the village pharmacy suggests that the community is not simply rejecting the traditional practices, but reworking themself to fit with evolving realities and needs of modernization.

This ground reality suggests that even CAM practices are cultural anchors, exposure to modern education and urban lifestyles brings newer generations for lesser inclination towards traditional practices and significantly contributes to loss of such wisdoms.

CAM A Practical Solution

In the Awadh community, the main reason for CAM preference is due to its affordability and accessibility, reflecting a broader global trend where marginalized groups turn to traditional therapies to overcome economic challenges (Coulter & Willis, 2004). Similarly, this ethnographic study also shows that CAM allows community people to continue their daily activities, such as farming and animal husbandry, without interrupting their livelihoods for riding off from health issues. This practical use of CAM reflects an adaptation to socio-economic challenges, a pattern also documented in far western Nepal (Kunwar et al., 2013) and which make it differ from wealthier regions like Europe, where CAM is usually used alongside modern medicine rather than as a substitute (Landet et al., 2020).

Within the Awadh community the importance of CAM is not just limited to its therapeutic coverage. Practices such as body massage, fasting, dietary customs are essential part of their cultural identity and daily life. Which shows that the ancestral knowledge has passed down through generations (The Kathmandu Post, 2020). For example, traditional body massage mainly using mustard oil containing other herbal ingredients is widely practiced by the Awadh community to relieve muscle tension, supporting farming and animal husbandry, the most common physically demanding livelihood in the area. Similarly, oil massage for newborns is another culturally significant ritual that is common in this region, though the recent studies raise concerns about its safety for infants (Vohra et al., 2005).

Fasting and specific dietary customs during religious festivals and seasonal transitions are common practices observed within the Awadh community. These traditional practices provide spiritual connection as well as maintain the physical and mental health, thereby reinforcing community cohesion and holistic well-being (Kafle et al., 2021).

Even though CAM practices in the Awadh community are deeply integrated into everyday life, bearing valuable indigenous knowledge and represent itself as the most trusted health alternative, and are associated with complex social and health challenges. Within the community superstitions like witchcraft leading to the illness, can create severe social issues like stigma, discrimination, and exploitation (Kafle et al., 2021). This dual nature, as both a source of cultural resilience and a system vulnerable to misconceptions, suggests for the critical attention which needs to be addressed for better health outcomes. Modern education and infrastructural development are gradually influencing health perceptions, there is a risk that unscientific beliefs may persist within the community and even intensify such perceptions, if not addressed through culturally sensitive education and health policies.

CAM: The Last Resort & Hidden Risks

In certain medical conditions when conventional medical treatment fails to address the health issues, people often turn to CAM and consider it as their last hope. Globally this pattern is common, particularly among cancer patients and individuals with other chronic illnesses, where mainstream healthcare options often fail to achieve recovery, as shown

by studies conducted in Nepal (Choi et al., 2022) and the United Kingdom (Werneke et al., 2004). A noticeable gap exists in such situations from the patient perspective, where mainstream medicine fails to cure even sometimes diagnose health issues. In such conditions people turn to the traditional practices which modern science claims unscientific. A similar connection was found in the Awadh community, where Bekhan Chacha's story from this research reflects the same mindset and way of thinking within the community.

Let me share an account from Bekhan Chacha, a 72-year-old local farmer. One day, at the saloon, Thakur ji, my regular barber, introduced me to him, he diligently shared:

> *"Don't feel bad, doctor babu. It's my real experience that I am sharing with you today. The doctors observed and investigated my stomach pain for years, but they could not find anything to treat my problem. I wasted a lot of money and time on that."*

With a hopeful tone and a deep breath, he continued his sharing:

> *"It got cured when my nephew brought me to a renowned* ***dhami*** *from India. He cured me from the problem within a month. Now see, I am fit and fine, doing all the work from home to the field."*

This reflects psychology behind the trust in traditional practices among villagers and highlights how such beliefs remain deeply embedded at the community level.

However, over-reliance on CAM sometimes comes with serious health issues, like the delayed diagnosis followed by worsening of the conditions, adverse interactions between CAM and conventional treatments ultimately leading to compromised overall health.

Here I share my personal experience with my fellow medical professionals regarding the importance of considering traditional practices while making treatment plans, and its impact on health outcomes. I initially observed a gap in awareness and concern for such issues, a generalized tendency to overlook such issues. Many colleagues, unfamiliar with the socio- cultural context, underestimated the impact of CAM on health outcomes. However, as they encountered repeated cases where delayed biomedical intervention often due to over-reliance on CAM or barriers such as cost and access complicated treatment, the medical fraternity began to recognize the critical need for a deeper investigation. This professional experience underscores the urgency of addressing CAM use not only as a cultural phenomenon but as a pressing healthcare issue which further requires evidence-based strategies.

The case of Aami Chachi and Siyadevi from our study who rigidly adhered to traditional practices, having potential health threats shown by similar kind of study in Pakistan (Hussain et al., 2018), suggest for a delicate balance between cultural confidence and medical necessity at community level, further underscoring the need for healthcare providers to approach CAM with empathy and cultural humility, which further bridge the gap between CAM and modern medicine, ensuring safe integration without eroding cultural trust. Only considering such balanced and inclusive approaches on a practical level, CAM's benefits can be maximized and its risks minimized, ensuring it remains a meaningful and safe component of health and culture in Nepal.

CONCLUSION

This ethnographic study of the Awadh community in Meudihawa village shows that Complementary and Alternative Medicine is not only an alternative health care option, it is a living tradition, a cultural identity, and an everyday practice for them. Even with easy access to modern healthcare facilities, CAM remains central, where it not only manages illness but also preserves traditional knowledge. As a clinician and a member of the same community for a long time I found a significant role of listening deeply to their stories, histories, beliefs, relationships and traditional practices prior treating them, to bring effective health outcomes. Here, families pragmatically trade off CAM and biomedicine, balancing cultural commitments with the demands of time, economy, and education. This study highlights the urgent need for culturally sensitive dialogue, inclusive health policies, and educational initiatives that without hindering traditional practices promote health and well-being of the community.

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