

The Role of Traditional Healers in The Treatment of Ischemic Stroke: A Sociological Study**Hameed Khan K**

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Abstract:

This paper critically examines the perception and practice of traditional healing in treatment of Ischemic stroke in rural community in Karnataka. Traditional healers – locally known as Vaidyaru, Hakims and Nativaidyas continue to serve as important sources of Health care especially in tribal and marginalised communities. These practioners often address a wide range of health issues like common illness, bone setting, snake bites, fertility issues and Stroke etc. Ischemic stroke remains a leading cause of mortality and long term disability worldwide, despite advancement in acute intervention and rehabilitation strategies. The traditional healers treat them with herbal medicine, acupuncture and mind-body interventions as adjunct therapies in stroke management. These healers are the informal providers who are not trained in academic institutions but provide health care services based on traditional knowledge and experience, typically through extensive knowledge passed down through generations. They learn the healing knowledge as a family tradition. These healers command the trust of the community in which they live. The healers and patients share the same culture and worldview. Through a review of scholarly and programmatic evidence, the paper aims to assess the impact of traditional healing on individual and community healthcare in the treatment of stroke diseases and bridge gap between traditional and modern healthcare system. The review discusses the mechanisms of action, clinical trial outcomes and integration challenges. It is Observed that documenting these practices is crucial, Ultimately, the study aspires to inform policy development and empower traditional healers through recognition and sustainable support.

Keyword: Traditional healers, Ischemic stroke, Herbal Medicines, Community healthcare, Policy development.

Introduction:

Traditional healers and indigenous healing systems have long been integral to rural communities in India, particularly in regions with limited access to modern healthcare. . In India, traditional healing practices—such as Ayurveda, Siddha, Unani, and various folk systems—continue to play a significant role in the health and well-being of millions. In Karnataka, traditional healers—locally known as *vaidyaru*, *hakims* and *nati vaidyas* continue to serve a wide range of health issues using herbal medicines especially in the treatment of Ischronic Stroke, numerous patients have turned to traditional herbal medicine to seek more clinical benefits with fewer adverse events. Herbal medicines, mainly derived

from plants, are an excellent source for developing novel therapeutic agents for a wide range of human illnesses. In additionally, the multifaceted influence of herbal medicine and its active ingredients on stroke aetiology may indicate a bright future for natural medicine in stroke therapy.

Ischemic stroke is a sudden neurological impairment triggered by an interruption in the blood supply to a section of the brain. At the molecular level, cerebral blood perfusion causes an acute loss of oxygen and glucose, which lowers the generation of adenosine triphosphate (ATP), causes lactic acidosis, and disrupts cellular homeostasis. Ischemic stroke includes an imbalance of ions, abnormal activation of immune cells, and neuroinflammation, which can lead to neuron death. It accounts for the second leading cause of death worldwide, accounting for 5.9

million deaths and 102 million disability-adjusted life years lost as per 2022 survey. Several risk factors have been associated with the development of stroke, including diabetes mellitus, smoking, hyperlipidemia, and hypertension. The underlying causes of ischemic stroke primarily involve small vessel disease, artery-to-artery embolism, and cardioembolic events. Clinically, ischemic stroke often presents with sudden-onset symptoms such as non-orthostatic vertigo, slurred speech, diplopia, sensory disturbances (numbness), and unilateral motor weakness or paralysis. Interrupting the blood supply causes several pathophysiological alterations that lead to irreversible neural disruption, such as the production of oxygen free radicals and cerebral edema, reactive oxygen species, neuroinflammation, blood-brain barrier (BBB) destruction, and local inflammatory cell infiltration.

Traditional healers treat by Herbal medicines which are being explored as potential neuroprotective agents for ischemic stroke, based on their long history of use in traditional medicine. Plants naturally produce chemical compounds to protect against diseases, predators, and environmental stress. Many of these phytochemicals have anti-inflammatory, antioxidant, and anti-apoptotic properties, which may help in understanding and managing the underlying causes of ischemic stroke. Acute ischemic stroke can currently be effectively treated with thrombectomy and thrombolysis.

Despite the increasing penetration of modern medicine, many communities in Karnataka continue to rely on local healers and their herbal remedies for addressing health issues like Ischemic stroke, for reasons ranging from accessibility and affordability to trust and cultural familiarity. In many cases, these healers are the first-and sometimes the only-point of contact for health concerns, particularly where government health services are scarce, underutilized, or culturally disconnected. This research seeks to understand the socio-cultural, economic, and medical significance of traditional healers in Karnataka; by focusing on the knowledge systems, treatment methods, and community trust vested in traditional healers, this study aims to highlight their role not only as healthcare providers but also as custodians of indigenous knowledge.

However, the role of traditional healing in Karnataka is complex and multifaceted. While it

serves as a vital health resource, it also raises questions about safety, efficacy, and integration with formal healthcare systems.

Review of Literature:

Lakshmana et. al. (2018) explored the medicinal plants used by the people of Challakere taluk, Karnataka, to treat various ailments caused by microbes and inanimate diseases. A total of 65 plants from 62 families have been documented for their therapeutic uses. Herbal prescriptions were prepared using different plant parts, either singly or in combination, with water as the primary medium. The mode of application was predominantly topical, but many remedies were also administered orally with adjuvants like cow milk, ghee, honey, curd, butter milk, butter, and coconut oil. All collected plants were made into herbarium specimens and deposited in the Department of Botany, Davanagere University, for future study.

Veerasha and Krupalini (2018) examined the traditional medicinal practices of families in Chitradurga district, focusing on the use of herbal remedies by tribal groups like the Kadugollas. These practices, rooted in folk medicine, involve longstanding remedies passed down through generations and are integral to the local culture. The study identifies 35 medicinal plant species used for treating various ailments, including headaches, stomach aches, Stroke, liver diseases, and skin infections. Herbal medicine is noted for its cost-effectiveness, safety, and minimal side effects. Nomadic and semi-nomadic tribal families practice this traditional system as an alternative occupation alongside agriculture and animal rearing. These herbal remedies play a significant role in modern medical systems such as Ayurveda, Unani, and homeopathy.

Shrishail M N (2021) assessed the medicinal value of herbal plants used by the rural population of Chitradurga district. It was observed that the local folklore practices a traditional system of medicine. Approximately 40 plant species, belonging to 37 genera and 25 families, were recorded as commonly used for medicinal purposes. The survey documented the botanical and vernacular names of these plants, the parts used, popular medicinal uses, forms of preparation, and indications of the herbal remedies. The aim of this work is to document the traditional

uses of local medicinal plants for the benefit of mankind and to facilitate further scientific investigation.

Sampathkuma et. al. (2022) studied the first ethnobotanical investigation in Chitradurga Taluk, Karnataka, India, using the Informant Consensus Factor method to statistically analyze medicinal plants. Conducted from January to March 2018, the research aimed to identify and document 36 plant species from 23 families used by traditional healers for medicinal purposes. The most dominant families were Lamiaceae and Rutaceae. Ethnoveterinary information was gathered through interviews with local healers. The study highlights the importance of folklore and traditional aromatic medicinal plants in treating various ailments and underscores the urgency of documenting this knowledge before it is lost. This research contributes to the conservation of these plants and provides foundational data for future phytochemical and pharmacological studies.

Objectives:

1. To examine the social-economic and cultural factors influencing individuals' utilization of traditional healers.
2. To analyze the perceived roles and status of traditional healers within local communities in the treatment of Ischemic Stroke.
3. To investigate the levels of treatment commonly treated by traditional healers
4. To assess the impact of traditional healing on individual and community.
5. To assess the effectiveness and safety of traditional health practices and to integrate traditional healing practices with modern healthcare.
6. To preserve and document traditional health knowledge for future generations

Research Methodology:

The present research article is based on Primary and Secondary data.

- Primary data: For the present study, Traditional healers from Karnataka (ChitraDurga, Davangere and Bangalore rural district) and stroke patients across the state were selected for the study. Data were collected by interviewing

25 Traditional healers and around 75 stroke patients through an interview schedule.

- Secondary data: The present article has been prepared by obtaining information from supplementary books, manuals, research articles, journals and news paper articles etc.

The most important aspect in the traditional healing systems is that there is continuity in the sense that the knowledge, substances, procedures, and folklore about what constitutes illness – how it is manifested, how it is treated and above all how it is managed – is handed down from ancestors' forefathers, father to son i.e., the knowledge of healing is passed out from generation to generation. This paper explores the patterns of the diagnostic procedure to understand the patient's illness and their procedures of treatment using elements of nature and herbal. To understand this complex set of intensive study, There daily practises were observed which was followed by interaction and interpretation. This study required to have an in-depth picture to understand a completely different culture.

Herbal Medicines used by Traditional healers:

Since ancient times, Polyphenols and micronutrients in foods have gained attention for their antioxidant effects and potential to prevent diseases like cancer, heart problems, and brain disorders linked to oxidative stress. Polyphenols, made by plants, help protect against UV rays and infections. Polyphenols are plant compounds classified into five groups: lignans, curcumins, stilbenes, phenolic acids, and flavonoids. In stroke models, they show neuroprotective effects by reducing brain damage and aiding recovery. Their antioxidant properties come from their ability to bind metals and neutralize reactive oxygen species. Key polyphenols like gallic acid, resveratrol, and quercetin help protect against ischemic stroke by targeting multiple pathways involved in damage and repair. Polyphenols have gained attention for their health benefits, especially their antioxidant and neuroprotective effects after ischemic stroke.

Table 1: List of herbal medicines for ischemia stroke

Herbal Medicines	Key metabolite(s)	Outcomes & mechanisms
Resveratrol	Glucuronide and Sulfate conjugates, Dihydroresveratrol, formed by gut microbes, and Lunularin.	Increased SIRT1 expression, reduced oxidative stress
Gallic acid	Methyl gallate (MG) and other Alkyl gallates	Reduce cerebral edema, promotes microglial activation, Preserving blood – brain barrier (BBB) and aiding in stroke recovery
Flavonoid	Chalcones, Flavanones, Flavonols, Flavones, and Anthocyanins	Reduce neuroinflammation, activation of astrocytes and microglia
Curcumin	Tetrahydrocurcumin (THC), Curcumin glucuronide, Curcumin sulfate, and Octahydrocurcumin	Antioxidant, anti-inflammatory, reduced infarct volume
Quercetin	Glucuronide, Sulfate, and Methylated Conjugates,	Anti-inflammatory, modulated Nrf2 pathway, reduced neuronal death

Traditional healers play a significant role in stroke treatment by using practices like herbal medicine, acupuncture, and Mind body intervention-massage, often alongside conventional medicine to improve neurological function, reduce complications, and enhance recovery. Their methods are believed to work through mechanisms such as anti-inflammation, antioxidant effects, and improved blood flow. However, research emphasizes that these traditional

approaches are often viewed as complementary to standard Western treatments, which are the primary interventions in acute stroke.

- **YOGA**

Yoga therapy is based on the Panchakosha concept from the Taittiriya Upanishad, which views a person as having five layers: physical (Annamaya), energy or life force (Pranamaya), mind (Manomaya), intellect (Vijnanamaya), and bliss (Anandamaya). Yoga combines breathing, stretching, and balance to improve both mental and physical wellbeing. It helps calm the mind and build focus. Breathing is coordinated with various poses, whether standing, sitting, lying, or prone. Yoga may help control key risk factors for stroke, especially high blood pressure—the most modifiable risk factor. Evidence suggests it can safely and effectively reduce hypertension in stroke patients.

- **Acupuncture**

Acupuncture, a key part of Traditional Medicine, involves inserting fine needles into specific body areas. Acupuncture has been used to treat stroke since ancient times, including body, scalp, eye, and electro-acupuncture methods. Choosing the correct points is crucial for effective treatment.

- **Physical Exercise**

Exercise promotes neuroplasticity, neurotrophins, and cognitive function, while improving overall health and reducing the risk of hypokinetic diseases associated with a sedentary lifestyle. After a stroke, physical therapy aids in regaining function and movement.

- **Dietary and Nutritional supplementation** - Nutrition plays a key role in stroke risk, which can be reduced by up to 80% with a healthy lifestyle, also lowering stroke risk factors. The former treatment regimen involves consuming specific nutrients, vitamins and minerals can support neuroprotection and recovery by boosting antioxidant capacity and aiding functional recovery in stroke patients.

- **Aromatherapy** - Essential oils are used therapeutically in aromatherapy as a supplemental medicine to cure a variety of mental and physical illnesses and to advance patient wellbeing. Essential oil components can enter the bloodstream and cross the blood-brain

barrier through various routes such as topical, subcutaneous, oral, intraperitoneal, or inhalation applications. Aromatic oils like lavender, bergamot, and curcuma have shown numerous beneficial effects.

- **Ayurveda** - The oldest and most significant tradition in India, Ayurveda, is founded on experimentation and philosophy. With an emphasis on strengthening the host's immune system, Ayurveda has a database of numerous medicinal botanical drug(s) and is accessible in several regional languages. According to several classical books, Ayurveda mentions 1200 illnesses. The 700 therapeutic botanical drug(s) in the Atharveda (c. 1200 BC), Charak Samhita, and Sushrat Samhita (c. 1000–500 BC). Ashwagandha is a traditional, well-known Indian medicinal plant that is frequently used as a component in Ayurvedic formulations sold to treat neurological conditions

Relevance in Contemporary Context:

While modern medical systems are increasingly accessible, many communities continue to rely on traditional healers due to:

- Trust and familiarity
- Affordability and accessibility
- Cultural resonance
- Perceived effectiveness for certain chronic or spiritual ailments

The World Health Organization (WHO) recognizes the importance of traditional medicine and advocates for its documentation and integration with modern healthcare, wherever appropriate. In India, systems like Ayurveda, Siddha, Unani, and local folk practices coexist with allopathic medicine, forming a pluralistic healthcare landscape.

Challenges and Considerations:

- **Lack of Documentation:** Much of the knowledge is oral and at risk of being lost.
- **Safety and Standardization:** Not all practices are scientifically validated or safe.
- **Recognition and Regulation:** Traditional healers often lack legal recognition and formal support.
- **Erosion of Traditional Knowledge:** Younger generations may not be inclined to learn or preserve these practices.

Understanding the concept of traditional healers and their health practices is crucial for developing culturally appropriate, community-based health interventions. It also offers a valuable lens for examining the health beliefs and behaviors of populations like those in Karnataka state, where traditional and modern practices often coexist.

Conclusion:

The traditional healers and indigenous health practices in Karnataka continue to play a vital role in the region's healthcare landscape, particularly among rural and marginalized communities. These practices, deeply rooted in local culture, history, and ecological knowledge, offer affordable, accessible, and culturally accepted healthcare alternatives. Despite the rise of modern medicine, traditional healers remain trusted figures by Stroke Patients due to their personalized care and holistic approaches to health and well-being.

Understanding and documenting these practices is crucial not only for preserving cultural heritage but also for exploring their potential contributions to integrated healthcare models. This research aims to bridge gaps between traditional and modern systems, promote mutual respect, and suggest pathways for collaboration that can enhance public health outcomes in Karnataka and beyond. Ultimately, the study aspires to inform policy development, improve community health literacy, and empower traditional healers through recognition and sustainable support.

References:

1. Ishwaragond S (2020) Traditional Medicinal Practices among Tribes in Karnataka. International Research Journal of Modernization in Engineering Technology and Science 2(4): 125-132.
2. Lakshmana, Swetha, Dwaraknath V, Kumar S S (2018) Folklore Medicinal Plants of Challakere Taluk of Chitradurga District Karnataka India. International Journal of Life Sciences Research 6(4): 185-193.
3. Mahesha N, Shrishail (2023) Documentation of traditional herbal remedies for gynecological disorder in Women of

- Chitradurga District, Karnataka, India.
Journal of Biodiversity and Environmental Sciences 22(4): 168-174.
4. Naik DHS, Hiremath V T (2022) Phytotherapy Practices of Asclepidaceae Members in Chitradurga District, Karnataka State: An Approach towards Biochemical/Biopharmaceutical Research. Journal of Biotechnology & Biomaterials 12: 1-4.
5. Shrishail M N (2021) Ethnobotanical uses of Traditional Knowledge on Medicinal Plants of Chitradurga District, Karnataka, India. International Journal of Botany Studies 6(6): 947-950.

