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Sixth Issue

Traditional Medicine Unit at Gelephu: An Annual Progress Report for the Year 2013 Drungtsho Tshering Penjor, CRRH, Gelephu

Abstract

The number of patients visiting the traditional medicine unit at the Central Regional Referral Hospital at Gelephu under Sarpang Dzongkhag has increased rapidly in the year 2013. The unit now provides various traditional therapeutic services such as herbal steam, massage, moxabustion, etc. The unit also actively organizes awareness programs on the knowledge and practices of traditional medicine in the country, involving youths as a medium to deliver the healthcare messages to the communities.

Background

The Traditional Medicine Unit (TMU) of the Central Regional Referral Hospital (CRRH), Gelephu with the strong support of hospital administration serves as the credible choice in healthcare for the people of the central region. Although the unit is manned by three staff, the services are delivered appropriately to the patients. As a result, the unit receives appreciation from the hospital administration as well as the community as a whole.

Throughout the year we have been tirelessly working to achieve the standard of the service that is required to be delivered at the regional referral hospital level. The unit is integrated with highly qualified and skillful medical and non medical professionals making the working environment conducive to provide the best health services. The experiences are shared and effective guidance is provided by senior professionals in the day to day work whereby, a platform is created to provide good medical care.

During the year 2013, the unit has experienced a drastic increase of patients with various healthcare needs. Around 70 to 100 patients were recorded daily during the summer months and around 40 to 70 patients were seen in the rest of the seasons. With the growing demand from the public, we were motivated to work to the best of our abilities. Most of the traditional therapeutic services including *rLang dug*(herbal steam) and *rLang lum* (hot compression) were introduced for the first time at our referral hospital , as per the standard guideline. In addition, we were able to provide new services such as massage therapy, moxabustion, nasal irrigation, smoke inhaler, venesaction, cupping and urine examination. On the other hand, existing therapies such as *Serkhap* (golden needle therapy) and *ngulkhap* (silver needle therapy) were further promoted for the health benefit of the patients. However, due to heavy work load and shortage of human resource, outdoor services could not be delivered as per the projected annual work plan.

The TMU has also successfully started the cross referral system which is actively functioning with mutual respect for each other, resulting in better quality of services to the needy ones. Another milestone we were able to achieve was the delivery of successful healthcare education for the youths of today. We organized some awareness programs on *gSo-ba- Rig-Pa* system of medicine and healing processes covering seven schools under Sarpang Dzongkhag, with prior approval from the hospital authority and office of the district education sector. Those students in turn helped to create awareness on traditional medicines in their respective communities. The health message delivered to the community resulted in the increasing number of patients visiting the unit.

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Reflecting on the achievements of the unit, we are confident that 90% of the patients who availed healthcare service from this unit were recorded to be significantly cured. However, about 3% of the patients visiting the unit had to be referred to the conventional medical experts due to varying physical conditions and disease patterns which required intervention by conventional medicine.

The TMU also conducted a screening and surveillance program for the public at Gelephu hot spring station, as per the half yearly work plan. Cases were thoroughly screened and advised based on the findings. Few adverse cases which were susceptible to hot springs such as hypertension, migraine, dropsy, jaundice, pregnancy and epilepsy were detected during the course of screening and surveillance. The unit then compiled and notified the public on the benefits and risk factors of geothermal hot spring bath.

On 23^{rd} December 2013, His Excellency the Health Minister, Lyonpo Tandin Wangchuk inaugurated *rLangdug* and *rLanglum* services at this hospital with memorable words of appreciation towards the hard work and commitment of the TM staff with support of the hospital management. It is a great pleasure to have such a lifetime opportunity, which will always be used as a motivating tool for the future execution of traditional medical services to the patients of our country.

Objectives of the TM Unit at CRRH, Gelephu

• To share working experiences with other TM Units across the country

Our Vision

• Strengthen the capacity with better skilled professionals being engaged with sufficient convenient facilities that meets the expectation of large number of sick and ill at the hour of emergency.

Our Core values

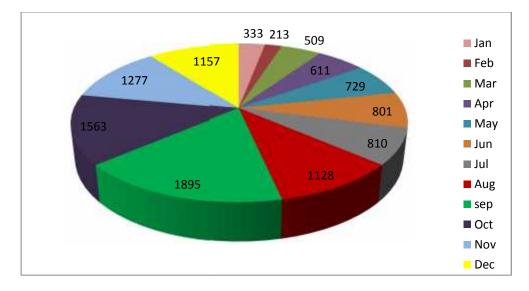
• Integrity, collaboration, natural healing, high value, low affect and credible public choice through high acknowledgement amongst professionals with strong support from hospital administration and top management body

Table 1. Record of the activities carried out in 2013 Particular

Sl. No.	Activities	Total
1	Patient diagnosed	5877
2	Golden needle therapy (Serkhap)	1411
3	Sliver needle therapy (<i>nGulkhap</i>)	10
4	Heat compression (Hormey)	1153
5	Massage (sNumjug)	208

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6	Venesaction (TAR)	130
7	Cupping (Mey bum)	68
8	Nasal irrigation (<i>sNa-Jong</i>)	111
9	Herbal steaming (<i>rLang-Dug</i>)	586
10	Herbal steam bath (<i>rLang-Lum</i>)	143
11	Medicated smoke rehab (Du choes)	388
12	Urine analysis (Drichu Tagpa)	467
13	Cross referral (Naedpa Tong Len)	379
14	Drugs Dispensed	
а	Total drug dispensed in kg	326.1kg
b	Tsa-sNum	285 bottles
с	Lonpo sumjor	160 bottles
d	sNa jong% ya-men jugpa	10+25:35 bottles

Fig. 1. No. of patients who visited the unit during each month of the year



Top 10 diseases treated at the unit in 2013

- 1. Drang rLung
- 2. Skin disease
- 3. Hypertension
- 4. Digestion problems
- 5. Neurological disorders
- 6. Urological disorders
- 7. Sinusitis
- 8. Common cold
- 9. Respiratory infections

10. Arthritis

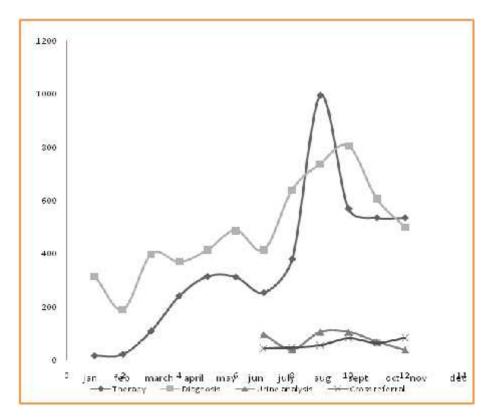


Fig.2. Number of patients recorded for various heath needs

Challenges faced by the TMU at CRRH

- 1. Lack of highly qualified professionals meeting the Regional Referral Hospital standard
- 2. Lack of career enhancement programs

Conclusion

There is nothing that cannot be achieved if we have dedication and commitment to the responsibilities that we have. Public has great hope and expectations from us and we must sincerely respond to their calls. The *gSo-ba- Rig- Pa* wisdom, articulated by the scholars of past centuries is still valid and applicable with the current world of social threats posed by the fast growth of socio economy developments and climate change associated to natural calamities, violence and multiplication of diseases. Up gradation of the skills for the current staff, diversification of the service and remodeling of the current expensive way of drug formulation has become the crying need of the hour for the sustainability and efficiency of the *gSo-ba-Rig-Pa* system in the long run.

Recommendations

1. Share pain and gain stories to the HOD and build better sense of support to each other between HOD and ground level

2. Upgrade the skills of the staff by exploring training opportunities