



Traditional medicines used by Pakistani migrants from Mirpur living in Bradford, Northern England

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Summary

Background: Despite the increasing relevance of trans-cultural healthcare issues in public health policies, knowledge is still very restricted about migrant communities' perceptions and use of traditional medicines (TMs) within multicultural societies in Western countries. In this field study, an in-depth study was carried out of the herbal drugs still in use among Pakistani migrants from Mirpur living in Bradford, in the north of England.

Objectives: To record TMs known and still used among Pakistani migrants from Mirpur presently living in Bradford; to assess the degree of overlapping between food and medicine in the provision of healthcare within domestic arenas among this community; to analyse how knowledge of TMs is changing among different generations and among the different waves of migrants who have moved from Pakistan to Bradford in the last few decades.

Methods: Semi-structured and focus-groups interviews with 37 members of the community, as well as other standard techniques of the ethnobiological investigations: free-listing, participant observation, and the collection and identification of the relevant plant material.

Results: TMs are still very popular amongst Pakistani migrants in Bradford, and are regularly delivered in domestic arenas. Two-thirds of the interviewees declared that they prefer TM treatments to conventional Western medicine. Fifty-six different remedies, mainly plant-based, are still used nowadays, and more than half of the recorded remedies represent *food-medicines*. However, knowledge of Mirpuri TMs is decreasing amongst the younger generations, and the level of knowledge of TMs seems to be dependent on the length of time since the migration from Pakistan took place.

Conclusion: Public health policies and strategies aimed at improving migrants' health should take into account the perception and acceptance of plant-based TMs within domestic arenas among Pakistani migrants, and especially their use against diabetes. Concerns about eventual toxicity and side effects of traditional herbal drugs, as well as their interaction with pharmaceuticals, should be carefully considered, since a few of the herbal drugs quoted in this survey are little known in Western herbalism and in modern evidence-based phytotherapy.

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Introduction

Trans-cultural healthcare has become a crucial issue to many involved in setting governmental health-policy agendas.

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Moreover, in recent years increasing numbers of academics have begun to cross-culturally study traditional healing practices and medicines within multi-cultural societies in industrialised countries^{1–3}. During their quest to understand how social changes, migration and displacement have influenced the way in which health is perceived and managed among migrant groups, scholars begin now to explore how traditional uses of medicines change over time and space.⁴

Traditional medicine (TM) has been defined by the WHO as:

'referring to health practices, approaches, knowledge, and beliefs incorporating plant-, animal- and mineral-based medicines, spiritual therapies, manual techniques and exercises, applied singularly or in combination to treat, diagnose and prevent illnesses or maintain well-being'.⁵

On the other hand, Resolution WHA56.31, which was presented at the 56th WHO Assembly in May 2003, and which adopted the WHO's strategy for TM for the following 3 years, with its four main objectives (framing policy; enhancing safety, efficacy and quality; ensuring access; and promoting rational use), avoided a clear definition of TM and stated that '*the term traditional medicine covers a wide variety of therapies and practices, which vary greatly from country to country and from region to region*'. In the same section of this document, the terms "complementary", "alternative", "nonconventional" and "folk" medicine were defined as '*types of nonconventional health care, which involve varying levels of training and efficacy*'.⁶

Considerable effort has been made during the last decades to record and better understand TM, and also all kind of traditional knowledge (TK) related to health beliefs and practices, as well as Traditional pharmaceutical knowledge (TPhK)⁷ in many developing countries, and in rural 'marginal' areas of industrialised countries, however very little research has been conducted in Western Europe.^{3,8–12}

In the absence of any ethnographic study having been carried out on the TMs used within migrant communities in the UK, the authors of this research decided to focus their attention on the Pakistani community of Bradford, which, with its 68,000 members, represents one of the largest migrant communities in the UK. Most of these families originally came from the Mirpur area in Pakistan in the 1950s and 1960s¹³, but there have been continuous waves of migration since then.

The population of the Bradford Metropolitan District is approximately half a million people. Of these, roughly 300,000 live in the city of Bradford. By far the largest section of Bradford's population is grouped under the umbrella term 'Asian', estimated in the 2001 census to comprise more than 80,000 people, of whom 68,000 are of Pakistani origin or descent.¹⁴ The South-Asian communities of Bradford include those who originated not only in Pakistan, but also in Bangladesh, India, East Africa, and elsewhere. In addition to Muslims (16% of the population), there are Sikh and Hindu communities, including Gujarati Hindus as well as Gujarati Muslims and Punjabi Indian Sikhs. Following initial migration and settlement in the 1960s, Bradford has, over the last three decades, established a significant Pakistani population. In 1981 this community numbered 34,116 persons; in 1991, 38,059 persons; and it is estimated that in the

year 2011 this population will number 104,000 persons, or approximately a quarter of the city's population.¹³

The issue of diabetes among South-Asian migrants living in the UK is a central one for public health providers, since Type 2 diabetes is already four times more common among British South Asians than among the general population.^{15,16} At present, public health policies are concentrated on improving the efficacy of prevention, and in understanding the socio-cultural backgrounds of this phenomenon within minority ethnic groups, but as yet little has been done to analyse any ethnic-based strategies that these communities have put in place to counteract diabetes.

The objectives of this study were as follows:

- To record the TM remedies that are known and *still in use* among Pakistani migrants from Mirpur in Bradford.
- To evaluate the degree of overlap between food and medicine in the provision of healthcare within domestic arenas among this community.
- To analyse how knowledge of TMs has changed among generations and among the different waves of migrants who moved from Pakistan to Bradford at different periods of time.
- To briefly discuss the implications the data gathered in this research could have for public health policies devoted to minority ethnic communities, especially those put in place to counteract diabetes.

Methods

Study design

The study was conceived as an urban ethnobotanical^{1–3} study, whose main aim was to record TMs still in use among the Mirpuri Pakistani community living in Bradford (Fig. 1); to describe in depth the details of their administration and

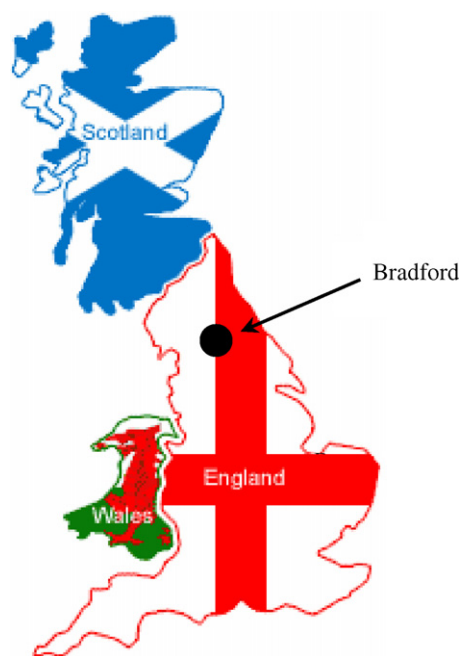


Figure 1 Location of Bradford in Great Britain.

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