MEDICINE IN NEPAL

--Dr. Hemang Dixit

The first reference to the Allopathic System of Medicine or to Allopathic practitioners in Nepal occurs in an account of the seige of Kirtipur by King Prithvi Narayan Shah in 1866/67 A.D. Chaudhari mentions that it was Swarup Ratna, the King's brother, who had been cured of a wound by one Michael Angelo, a Capuchin monk. London too mentions this and states that it was Michelangelo of Tabiago. Sir Francis Tuker however states that King Prithvi Narayan's brother was wounded in the eye and was cured by Micheal Angelo.

The missionaries had however entered Nepal much earlier. One de Recanti had received permission from Rajah Ranjit Malla to preach, teach and convert to their religion the people 'without violence and of a free will'. Raja Jayaparakash of Kathmandu also issued a Saned in 1742 A.D. and renewed it in 1754 A.D., allowing the missionaries to enter Kathmandu. One can therefore presume, with some confidence, that the Allopathic System of Medicine has been practised from about 1740 A.D. (1797 N.S.)

But following the conquest of the Kathmandu Valley by King Prithvi Narayan Shah, the Capuchin fathers withdrew from the valley and proceeded to the Mission Home in Bettiah. This step by the missionaries was probably prompted by the atmosphere then in existance it can probably be summed up by a saying then current in Nepal viz. "With the Bible comes the Bayonet, with the Missionaries comes the Musket". With this closed one chapter of the Allopathic System in Nepal and the practice of medicine by the missionaries was not to be resumed till the 20th Century.
first reference to diseases occurs in the account of Father Georgian Augustinian
assed by Makwanpur in the middle of the 18th Century. He had noted the
plague and says that windows must be closed at night, and that the only
scape the curse is to climb high enough upon the mountains to avoid the
bathed their feet. He writes, however, that whatever precautions are taken
quickly a man may seek a kindlier climate, he often carries with him the seeds
which will not fail to attack him at a later date. The prevalence of this disease
rned by the fact that no less a person than the Senior Queen died in 1841 A.D.
contracted in the Terai.

next reference to disease in Nepal occurs in the Papers of Brian Hodson, published
(1914 B.S.). He mentions that the epidemics of the plains, hardly ever reached
as. He instances the case of cholera, which though prevalent in India most of
only occurred twice in Nepal. He goes on to mention that the Terai region of
notorious as a malarious region.

this the next reference to the Allopathic System in Nepal occurs in Dr. H. A.
rok 'Sketches in Nipal'. Dr. Oldfield had initially served as a Surgeon in the
and was transferred to the British Residence in 1850 A.D. He stayed in Nepal
and as his duties were mainly medical, he gives some accounts of diseases
mandu, and the treatments practised. He mentions that parts of Kathmandu
d because of the common custom of throwing garbage in the central courtyard,
to get various fevers and diseases. He states that the air and water of
very healthy and pure and that goitre was not seen in the inhabitants of

g about malaria, he states, 'The Nipalese profess that awal sets in Nayakot at
me as it does in the Terai, viz 15th March. It probably commences about a
The great festival in honour of Devi at Devi Ghat does not take place till the
il (beginning of Baisakh), and at it thousands of persons from Nipal are
and with impunity. The Nipalese account for this by saying that through
of the deity, the awal is 'suspended' to all who go to worship her during
festival lasts, but that it sets in again as soon as the festival is over' . . .
. 'They say that the day after the festival closes the goddess lets out the spirit
and destroying monarch of the forest, who disguised as the 'awal' fever
ds upon all those whom he finds trespassing upon his domains.'
Nepalese doctor (baidyas) understood this treatment much better than the Europeans. From various sources Landon also confirms this, for writing about Jang Bahadur he states “He had an inveterate liking for medical treatment. The medicines he used were Nepalese, not European, but he occasionally called in the professional services of Dr. Wright.”

Following Jung Bahadur’s death in 1877 A.D. one finds a certain amount of scarcity regarding medical information. During 1883 A.D. (1940 B.S.) C-in-C Dhir Shumshere was unwell. He was treated by one Bengali doctor Adar Nath. However during the time that this treatment was being followed, a course of treatment by one Raj Baidya accompanied it. This consisted of ‘mantra’ which was to be pressed on different parts of the body wherever there was pain. Similarly the mantra written paper was to he waved over the painful part. Needless to say, after a little while the pain lessened over that area but passed on to a different site. In course of time the pain shifted to the neck. Doctors said that a fish bone was lodged there, and the ‘mantras’ did not afford relief. Ultimately he died.

The following year 1884 A.D we find Dr. Adar Nath treating the then General Bhim successfully for colic. However Dr. Adar Nath must have had some difficulty practising medicine for we find that lay treatment for testicular swelling at that time was to wear scrotal support of tobacco leaves. In these days of excessive tobacco taxation, this would be impossible and its side effects which appeared within half hour included bouts of dizziness and vomiting. There is perhaps the dubious benefit of having scrotal cancer in preference to bronchial carcinoma.

In 1886 (1943 B.S.) there is reference to vaccination of children by Raj Baidya. At that time they were probably vaccinated with non-attenuated strains and we find reference stating that death occurred following vaccination in children. Bir Shumshere became Prime Minister in 1885 A.D. (1948 B.S.) and it was during the reign of King Prithwi Bir Bikram Shah Dev that the initial batch Government hospitals were started.

The first and the most important was the Prithwi Bir Hospital at Kathmandu built in 1947 B.S. (1890 A.D.). This was followed by the Prithwi Bir Hospitals at Birgunj Jaleshwar, Hanuman Nagar, (Rajbiraj), Nepalgunj and Taulihawa. The Cholera Hospital, the present day Infectious Diseases Unit, was also built in 1947 B.S. (1890 A.D.) The Cholera Hospital was initially near where the present day Customs House and Ropeway Terminus area. It was shifted to its present site at Tekku in 2005/7 B.S.

We find however that Prime Minister Bir Shumshere tried other forms of treatments...
During 1899 A.D. he apparently vomited up 2-3 pints of blood and for this he was treated with good effect by one Kacha Baha, a ‘Jogi’ from Benaras. This vomiting of blood recurred from time to time and Bir Shamshere died the following year.

During King Prithwi Bir Bikram Shah Dev’s reign from 1937-1979 B.S. (1880-1913 A.D.) Chandra Shumsher followed Bir Shumsher as Prime Minister in 1958 B.S. (1901 A.D.). Chandra Shumsher experienced real contact with diseases during his trip to Simara in 1904 A.D. Arrangements were made for a shikar when there was an outbreak of Cholera. Some form of disinfection was tried by handling or smelling camphor. Some advocated ‘pill mad of opium and camphor’ as treatment for cholera. From all accounts this outbreak of cholera took epidemic form. The hospitals were named the Tri-Chandra Hospitals and were at Palpa and Palhi (Parasi). The Bhaktapur hospital was built in 1960 B.S (1903 A.D.). A school for training compounders was in existence and a Textbook of Anatomy (SHAREERTATTWA) in Parbatia (Nepali) was brought out by Raj Krishna Mukerji, L.M.S; Inspector of Hospitals in Nepal, in 1909 A.D.

Landon’s opinion was that Chandra Shumsher was not less energetic than the preceding prime Minister Bir Shumsher in spreading medical facilities in the country. The more hospitals that he built made it easier to deal with epidemics. One of the greatest difficulties that reformers of medicine in India encountered was the obstinate and natural preference of their own Ayurvedic System of Medicine, that properly controlled contributed its fair share of success in the healing craft, but had no knowledge or sympathy with advanced methods of treatment discovered by modern science. In view of this an Ayurvedic School was improved. The preventive aspect was not neglected for though vaccination was not compulsory, it was free to those who chose to avail themselves of this protection against a disease that, though never attaining the gravity of an epidemic was rarely absent from Nepal.

A subsequent visitor to Nepal during this time states that Nepal was a physician’s paradise, doctors always being assured of a lucrative practice as every family of position has at least one BAID, or medical man in constant attendance, and there are also many general practitioners. This is as well, perhaps, for there are no civil hospitals in the country save the small one at the British legation, and certain diseases, particularly syphilis, goiter, leprosy, rheumatism, cholera and a particularly virulent form of typhoid are common. (Author’s Note. Whilst the reference to the disease is illuminating the visitor was not correct in his estimation of hospitals).

King Prithwi Bir Bikram Shah Dev was succeeded by King Tribhuban, 1970-2021
B.S. (1913-1955 A.D.). The first few hospitals built were named Tri-Chandra Hospitals and were at Jhapa (Bhadrapur), Sarlabi, Dhankuta, Doti, Bardia, Ilam, Rangeli and the Military Hospital at Kathmandu. During the period were built too the Lalitpur hospital (1981 B.S.), Leprosy Dept (1984/85 B.S.) and Ramghat Dispensary (1986 B.S.). In 1986 B.S. (1929 A.D.) Chandra Shumsher was followed by Bhim Shumsher as Prime Minister. The hospitals then built were at Bhairawa, Butwal and Shivalaj. The Ramghat Dispensary was followed by other dispensaries at Sinduli, Madhyamanchal, Okhaldhunga and Sankhuwasabha. These were all converted into Health Centres at a much later date. The Butwal Hospital was enlarged into a 50 beded hospital in 2023 B.S.

Then in 1988 B.S. (1931 A.D.), Juddha Shumsher became Prime Minister and had a hand in the opening of the Dharan Hospital. The Tokha Sanatorium was built in 1992 B.S. (1935 A.D.) with an endowment left by Chandra Shumsher. In the course of time the Lunatic Asylum at Kathmandu and the Mulanga Lunatic Asylum were opened.

In 2007 B.S. (1950 A.D.) a new chapter was started in the history of the control of tuberculosis in Nepal. It was in the reign of His Late Majesty King Tribhuvan and in Mohan Shumsher's premiership that the first Chest Clinic was opened. As tuberculosis was still a major problem in Nepal, this was an attempt to control the disease in a cheap and effective manner. The application of this form of domiciliary treatment is exemplified by the subsequent opening of other Chest Clinics at Lalitpur (2020 B.S.) and Bhaktapur (2020 B.S.) by the Government and at Biratnagar (2010 B.S.) by the Nepal T.B. Association. This particular Association has been formed in 2010 B.S. (1953 A.D.) Besides the Chest Clinic at Biratnagar, it is providing X-ray facilities to patients in Kathmandu, Palpa and Gorkha. This Association organised in 1963 the First Nepal Tuberculosis Conference at Kathmandu and plans are underway to hold another one soon. On Falgun 7th, 2022 the association opened yet another Chest Clinic at Katalpatra, Kathmandu.

In 2006 B.S. (1949 A.D.) the Health Centre at Sankhu had been opened. With the advent of democracy in the country greater efforts were made and stronger measures taken to provide basic health facilities to the people. Each year saw the opening of more Health Centres e.g. Banepa 2011 B.S; Dailekh 2011 B.S.; Bhaktapur 2013 B.S.; Chainpur 2014 S. and Dang Hospital 2014 B.S.

In the reign of His Majesty King Mahendra, H.M. Govt. has opened a number of health Centres and also improved or started new hospitals. 2015 B.S. saw the opening of Baglung Hospital and the number of Health Centres increased tremendously after this
year. One Health Centre was opened in 2015 B.S., forty in 2016 B.S., fourteen in 2017 B.S., ten in 2018 B.S. and three in 2019 B.S. The year 2016 B.S. (1659 A.D.) had seen too the opening of the Shree Panch Indra Rajya Luxmi Devi Maternity Hospital at Kathmandu. This hospital which had initially been made by the Paropkar has been named after Her Late Majesty Indra Rajya Luxmi Devi. The entire cost of the hospital building was borne by His Majesty King Mahendra. The hospital has in recent years been helped by the Indian Co-operation Mission. It has now also get a Gynaecology Dept. and in the process of rapid expansion.

The year 2019 B.S. (1962 A.D.) saw the opening of the Kanti Hospital in Kathmandu. The hospital has been now converted into a Children’s Hospital was built with Russian Aid and is named after her late Majesty Kanti Rajya Luxmi Devi Shah. The Bir Hospital, built 85 years ago has been through various renovation and reconstruction with US AID. This hospital with its Infectious Diseases Unit is the Major hospital in the country, though its total of 340 beds is very meagre. Its more recent addition by the Govt. was a coronary-cum intensive care unit opened in 1975. A nursing school attached to it fulfills to some measure part of the country’s requirement. There are at present in Nepal a total of 19 Hospital, 25 Health Centres and 251 Health Posts run by the Government. This works out to a total of 1,352 government hospital beds. Besides this there is one Ayurvedic and one Homeopathic Hospital.

His Majesty’s Government has more recently, with aid from UNICEF and WHO set up a number of Maternity and Child Health Centres in the country. The Nepal FP/MCH Project, established in 2025 B.S., besides supervising these centres also runs vasectomy and laparoscopy camps. A Tuberculosis Control Project was begun in 1965 with the primary object of providing B.C.G. vaccination of all children in the 0–14 years group. A Tuberculosis control plan is being worked out for implementation all over the country. The Malaria Eradication Programme is in full swing. It had been started in 1958 A.D. following a joint tripartite agreement between HMG, US AID, and WHO. All areas of the country below 4,000 feet elevation are regarded as malarious and as a resulting of D.D.T. spraying, case detection it is hoped that by the end of 1980 A.D. malaria will be virtually controlled. The Smallpox Control Project was started in 1961 A.D. in Kathmandu Valley. This led on to the start of the Smallpox Eradication Programme in 15 other districts in 1967/68 and complete implementation all over the country by 1972/73. As a result of this, although total coverage is yet to be attained, Nepal is now considered a ‘non-endemic’ smallpox area. Leprosy
Control Project had its initial start in 1965 A.D. This programme advocates a survey, education and treatment unit within three miles radius of a health post for treatment. It is being applied on a country wide basis. A number of health surveys have been done including one by the Tom Dooley Foundation in 1964/65. To collect co-ordinate and appraise health statistics in the country the Epidemiology section has been enlarged and shifted to its much larger and permanent site at Teku. Attempts at health planning have resulted in Plans such as Country Health Programme 20 Year Long Term Plan, 25 Year Long Term Plan and perhaps yet another Master Plan.

But the past 1950 era has also seen in Nepal the setting up of a number of mission hospital all over the country. The first to be set up was the mission hospital at Pokhara in 1953 A.D.—now known familiarly as the Shining Hospital. It name is supposed to have been given by the local inhabitants, who seeing the glare of the almunium hut which initially comprised the hospital, called it Shining Hospital. The mission maintains a smaller dispensary at Baglung in No 4 district and also opened in 1957 A.D. a leprosy hospital just outside Pokhara.

Another group of missionaries—The United Mission to Nepal—started work in Nepal with the opening of dispensary at Bhaktapur in January 1954 A.D. This subsequently shifted in 1960 to a new site at Suryabinayak (Kutunje) to form a 'Cottage Hospital' and has a small number of inpatients. The hospital at Tansen was also started in 1954 and has a number of departments:— (1) Leprosy Dept. (2) Public Health Dept. and (3) Women's and Children's Welfare Clinic. In the same year the Mission started working in Kathmandu in part of the Cholera Hospital and worked there for two years. In 1956 the Mission moved to Shanta Bhawan the best known of the Mission Hospitals. Finding the accommodation too limited the Children's ward and the Maternity Department were moved to Surendra Bhawan in 1958 A.D. The United Mission to Nepal also opened dispensaries at Amp Pipal Bhanjyang in Gorkha District in 1957 and at Okhaldhunga in 1964 A.D. The Mission also runs a number of clinics in the southern part of Kathmandu viz. at Surendra Bhawan itself and also at Bugmati (1957), Chapagaon (1958) and Godavari (1964). Also affiliated to the United Mission is the Leprosarium at Anandaban. This has been opened by the Mission to Lepers in 1963 A.D. The Shanta Bhawan Group also train nurses for the Nepal Nursing Council examinations. The school there was recognised by the Nepal Government in 1964. The mission is at present studying a plan to build a new hospital.

Besides these two Mission Groups there is a Christian Dispensary dealing mainly
with leprosy at Dadeldhura. Another dispensary doing general work is maintained by the Seventh Day Adventists at Banepa. Yet another hospital set up by people from abroad is the British Military Hospital at Dhari. Being near the recruiting depot, it caters mainly for the need of the depot and was started in 1961 A.D. The famous mountaineer Sir Edmund Hillary is in the process of setting up a hospital in the heart of the mountaineering country viz. the Solo Khumbu region. They hope to do research work with radioactive isotopes there. A 50 bed Pensioner's Hospital at Pokhara was handed over to the government by the Indian Mission in 2022. Another one is in Eastern Nepal. In more recent times a Britain Nepal Trust has been doing good medical work in Biratnagar.

The total number of Mission and other hospital in the country works out to 15 with a total of 756 beds. This figure includes the Shri Panch Indra Rajya Luxmi Devi Maternity Hospital and the Leprosy Hospital. The Kalimati Chest Hospital is run by the Nepal T.B. Association with some grant from H.M.G. It has 25 beds, runs Public Health Activities and hopes to start a Surgical section soon. The coronation of His Majesty King Birendra saw the opening of yet another hospital in the form of the Nepal Eye Hospital. This initiative taken by a group of doctors together with the Guthi Sansthan embodied a spirit of self-reliance, and with finance generated from within the community aims to run a hospital for the community. Similarly it is hoped that other interested individuals or communities will come forward to establish other hospitals. Even projects such as health clinics, as has been started by Lion and Lio Clubs in the capital would help in relieving in some measure the sufferings of the physically ill.

Recently however, following an understanding between the Mission Hospital Group and HMG an attempt is being made to prevent re-duplication of services in the health delivery system. It was in this context that the Mission Hospital at Surya Binayak was handed over to the Government and other adjustments will probably have to be made in the future. A Psychiatry Hospital is in the offing.

The Allopathic System of Medicine in Nepal is still in infancy. Its more rapid rise in the more recent years may be traced to 1950 A.D. It is connected with the formation of the Nepal Medical Association in the year 1950, in the spirit of jubilation which brought democracy to Nepal. The Association has had its various birth pangs but it was nevertheless able to hold six All Nepal Medical Conferences so far, the first being in 1963. It has over the years advised the government on Medical matters and has more recently submitted various reports to the government. The permanent home of the
association is opposite the exhibition ground at Kathmandu, on a site granted by His Majesty King Mahendra.

With the increase in the number hospitals the need of trained nurses became more apparent and a nursing school was therefore started with help of the WHO in 1956. In anticipation of this, the Nepal Nursing Council Act had been passed in 1955 to register the fully qualified nurses and midwives in the country. The Nepal Nursing Council was subsequently formed. The need for para-medical personnel had also been felt and a Health Assistant School was set up. The Mahendra Adarsha Chikitsalaya Bharatpur started the training of Assistant Nurse Midwives in 2018 B.S. (1961 A.D.). The need for population control has been realised as evidenced by the formation of Family Planning Association in 1959.

For years the Ayurvedic, Unani and the Allopathic system of Medicine were practised in Nepal. Except for a few Rules and Regulations for the guidance of the chemist, no legislative measures were taken by the Government for the regulation of Medical Practice. Then in 2020 B.S. (1963 A.D.) the first enactment appeared in the shape of The Muluki Ain (Law of the Land). Included in this was 'ILAJ GARNEKO' (On Medical practice). This applied to the Practitioners, including compounders and dressers of the three systems of medicine. This Act was an attempt to regularise medical practice and it was a sort of compromise. Then in Falgun 2020 (Feb. 1964) the Nepal Medical Council Act, which is of tremendous importance to the medical practitioners of Nepal was passed. This in turn was the first attempt at some form of regulation of the Allopathic system.

The year 1963 A.D. (2020 B.S.) saw the formation of the Nepal Red Cross Society under a ad hoc Committee. This was subsequently recognised by the International Committee of the Red Cross and League in 1964 A.D. It must be noted however that a similar society to the Red Cross viz. the Paropakar has been in Nepal since 2004 B.S. It maintains dispensaries, orphanages and ambulances.

Modern Medical treatment has taken root in Nepal. Students are going out from Nepal to all over the world and will bring new ideas and fresh approach. An Institute of Medicine concerned with the training of para-medical personnel is already in existance. The day is not far off when every nook and corner of our country will be provided with basic medical care. Perhaps the contemplated village health worker will see to that. Further advancement will come with the formation of the Medical College. The future is indeed bright.
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