

1: Putting Evidence Into Nursing Practice: Four Traditional Practices Not Supported by the Evidence

Cultural practice generally refers to the manifestation of a culture or sub-culture, especially in regard to the traditional and customary practices of a particular ethnic or other cultural group.

Figure 1 Placement of noninvasive blood pressure cuff on upper arm. Standards for blood pressure measurement are based on upper extremity measurements, with the right upper extremity the preferred limb. Implications for Practice Blood pressure is a vital sign often measured during the care of a critically ill child. To ensure that the best measurements of blood pressure are obtained and assessed for trends, nurses should follow current evidence and measure blood pressure by using the auscultatory method and compare that measurement with the measurements obtained via the oscillometric method used for ongoing trending and treatment. Failure to measure blood pressure accurately can lead to inappropriate treatment decisions. Although it is true that providing oxygen to patients with COPD may result in an elevated carbon dioxide level and potentially untoward clinical consequences, the carbon dioxide level is not elevated because of hypoxic drive. Importantly, the practice of withholding oxygen from these patients in an effort to prevent the adverse outcomes is dangerous and unwarranted in most cases. Chronic inflammatory changes lead to destructive changes in the airways, pulmonary vasculature, and lung parenchyma. Exhalation is active, contributing to a high work of breathing. Eventually the effort to maintain carbon dioxide levels within normal limits becomes excessive and the patient retains carbon dioxide; the kidneys compensate by retaining bicarbonate to normalize the pH. In a patient with COPD who has a chronically elevated carbon dioxide level, the provision of oxygen may lead to an increase in carbon dioxide level, apnea, and other related adverse outcomes. But the elevation in carbon dioxide level is not solely due to hypoxic drive. Three mechanisms are implicated: The physiological mechanism associated with the ability of the hemoglobin to carry oxygen and carbon dioxide is known as the Haldane effect. When the hemoglobin becomes desaturated, the capacity to bond with carbon dioxide increases. The provision of oxygen increases the plasma oxygen concentration, displacing carbon dioxide on the hemoglobin molecule and increasing the carbon dioxide level in the plasma. Hypoxic vasoconstriction is a normal response to a decrease in alveolar oxygen level. This physiological mechanism is designed to move the corresponding capillary blood flow from the inactive alveolus eg, in conditions such as pneumonia or atelectasis to an open alveolus. Dead-space ventilation increases carbon dioxide levels as a result. The third mechanism resulting in an increased carbon dioxide level is decreased minute ventilation. Some patients with COPD actually decrease their minute ventilation as a consequence of retaining carbon dioxide and the increased dead-space ventilation further limiting the inspiratory reserve capacity. The associated pulmonary hypertension adversely affects survival. Additional consequences of hypoxemia include poor nutritional status, cardiac modulation, poor postoperative wound healing, and delayed recovery. Because these adverse outcomes are the result of tissue hypoxia, the provision of oxygen is warranted. EBP recommendations for patients with acute on chronic respiratory failure and patients with chronic stable COPD who have chronic hypoxemia and hypercarbia follow. In acutely ill patients with COPD who are being provided supplemental oxygen, vigilant monitoring of acid-base status is required so that interventions to prevent apnea, should it occur, are quickly initiated. More than 20 years ago, one author noted: One should not fear apnea and cardiorespiratory arrest when giving oxygen to a patient with an exacerbated chronic obstructive lung disease and respiratory failure. Instead, one should be prepared to help the patient eliminate carbon dioxide when dead space increases. Providing assistance with the elimination of carbon dioxide has been around since the beginning of critical care medicine. It is called mechanical ventilation. Treatment standards continue to support the idea that the administration of oxygen and mechanical ventilation should not be withheld from patients with acute exacerbations of COPD. The Global Initiative for Chronic Obstructive Lung Disease 29 and the Singapore Ministry of Health 30 agree that administration of oxygen for 15 or more hours daily can improve survival in patients with chronic respiratory failure. Although it is true that carbon dioxide levels increase with the administration of oxygen, that increase is not due to elimination of hypoxic drive. Instead 3 mechanisms are responsible: Withholding oxygen from these patients in an effort to prevent

hypercarbia is dangerous and unwarranted. Mechanical ventilation may be necessary to rest respiratory muscles. Table 2 provides a review of the classic evidence debunking the sacred cow of hypoxic drive.

2: Traditional medicine - Wikipedia

Certain practices in terms of attires and rituals have been carried down the ages, to find their way into the life of today's woman. Once upon a time, the Mughal queens adorned their hands with mehndi, and today it continues to hold sway over a million hearts during festivals, weddings, and celebrations.

Oct 21, This newsletter introduces our community of readers to some of the basic concepts behind the traditional medicines and healing practices of Asian cultures. People belonging to these Asian cultures are accustomed to relying on distinct health practices and beliefs that are significantly different from those of native born Americans and other immigrants. This topic is expansive, so links for further study are embedded throughout the article. We will be focusing on the health beliefs and practices of people from Southeastern Asia i. China, Japan, and Korea. A brief explanation of the interrelatedness of the primary traditional medicine practices is followed by a brief description of each. East Meets West In the 17th century, traditional Vietnamese and Chinese practitioners began identifying their medicine as Dong Y to distinguish their medicine from the Western colonial medicine. Today, the terms Eastern medicine and Asian medicine are more commonly used in this country, and perhaps they are the better terms. The use of oriental has shifted to refer to home furnishings, carpets especially, and certainly in the field of cross-cultural communications, the word oriental is never used as a category of culture. The philosophies of health and illness causation at the root of Eastern medicines are even less understood and just as important. Traditional Vietnamese medicine TVM actually evolved together with traditional Chinese medicine and arguably the development of the two are so-intertwined that it is impossible to separate them. However, there are differences. Closely related to both are Japanese and Korean traditional medicines. Historically speaking, many societies in Eastern and Southeastern Asia have been part of the Chinese cultural sphere due to trade, migration, and occupation. Thus it is safe to say that the healing traditions of most Asian cultures are intertwined to some extent, much as their religious philosophies are. Health beliefs can have a profound impact on the clinical care of Asian patients in the United States, affecting the accuracy of health histories and compliance with treatment recommendations from Western providers. Because the principles behind the Western medical model are so different from those of Eastern medicine, it is difficult for American providers to shift gears when talking to Asian patients and consider a mind-set where health is seen as a state of balance between the physical, social, and super-natural environment. Western medicine tends to approach disease by assuming that it is due to an external force, such as a virus or bacteria, or a slow degeneration of the functional ability of the body. Disease is either physical or mental. The Eastern approach assumes that the body is whole, and each part of it is intimately connected. Each organ has a mental as well as a physical function. Examples are earth and heaven, winter and summer, night and day, cold and hot, wet and dry, inner and outer, body and mind. These pairs of opposites are connected via a circular harmony. The yin and yang symbol is helpful in representing this concept. Harmony means health, good weather, and good fortune, while disharmony leads to disease, disaster, and bad luck. The strategy of Chinese medicine is to restore harmony. Each human is seen as a world in miniature, and every person has a unique terrain to be mapped, a resilient yet sensitive ecology to be maintained. Like a gardener uses irrigation and compost to grow robust plants, the doctor uses acupuncture, herbs and food to recover and sustain health. They come in the form of pills, powders, tinctures and raw herbs taken internally or as balms for external use. Japanese Herbal Medicine Kampo is Japanese herbal medicine, which has a long history of clinical application. Kampo uses precisely measured herbs to treat illness, based on the skillful use of well-known formulas, valued for their impact on clear as well as vague conditions. Kampo does not use rare or endangered plant or animal products. Kampo medicine is based on the theory that diseases arise because of a disharmony in the flow of Qi Chi. By stressing prevention, Kampo helps the patient to maintain good health according to natural principles. The practitioner employs the ancient tools of pulse diagnosis and urine analysis, to find the root causes of disease. Tibetan Medicine is based on Buddhist principles and the close relationship between mind and body. Traditional Vietnamese Medicine The distinguishing feature of TVM is the emphasis on nourishing the blood and vital energy, rather than concentrating on specific symptoms. TVM views building

up the blood and energy as the key to good health. The main treatments employed by TVM are herbal medicine, acupuncture, and moxibustion. The cornerstone of its theories is based on the observed effects of Qi energy in the body. Acupuncture is also useful for preventative health care. Suppliers usually age the mugwort and grind it up to a fluff; practitioners burn the fluff or process it further into a stick that resembles a non-smokable cigar. Cupping Fire, or simply cupping, is a form of traditional medicine found in several cultures. It involves placing glass, plastic, or bamboo cups on the skin. Cupping is also used to treat back, neck, shoulder, and other musculoskeletal pain. No hard and fast rules about interacting with Asian patients and families are being offered. Becoming fully familiar with the normative cultural values affecting interactions with patients from different cultures is a process that takes time and experience. It is also important to learn to ask patients questions in a culturally sensitive way, understanding that fear of making mistakes in communicating with them blocks the exchange of vital information. There have been instances where practices such as coining and cupping have been misinterpreted by conscientious healthcare workers and reports of child abuse made in error. Thorough efforts at communication might have prevented these erroneous reports which traumatized families. Clinicians should keep in mind that individuals subscribe to group norms to varying degrees. Searching out and really trying to understanding the individual patient is crucial. The following websites were referenced for several definitions of beliefs and practices: All rights reserved Search for:

3: How traditional practices in Nigeria can put a stop to an increase in allergies

Looking back to traditional practices can help us find modern solutions to various environmental and social issues of city life. In Q'ewe, Peru, we follow Victoriano Arizapana, a Native leader nicknamed "The Engineer" as he leads the construction of the Q'eswachaka bridge.

Even if Nigeria is a part of the civilized world with modern economy and society, some tribes still prefer to live according to the ancient customs. Still, these traditions can be violent and unethical for the modern world. According to the Anti Child Abuse Society in Nigeria, many harmful cultural practices work directly against children. Should these traditions be stopped as the relics of the past? Harmful traditional practices in Nigeria African tribes have many dangerous traditions. One of the most problematic questions for this region of the planet is violence against children and women. They usually become victims of harmful traditional practices in Nigeria, Cameroon, South Africa and many other countries of Africa. Efidan translates as cutting. This tradition is still used in the rural areas of Nigeria. For the tribes, cutting is a part of adolescent traditions. Parents usually cut their children when they reach puberty. For women, scars needed to decorate their body and be more sexually appeal to men. For men, scars and cuttings serve the same purpose, and through them, they show that they are ready to take responsibility for a family. The problem is that cuttings are made by people who knows nothing about medicine or by children themselves, which leads to the blood loss and even death. Nutrition violence Harmful traditional practices in Nigeria Sometimes children do not desire to eat food, but parents want them to eat " what should they do in this case? Some parents in the Gwaris, Yorubas and Hausas found a violent solution to this problem. Nevertheless, these cultural practices of delivering food may lead to choking, chemical pneumonitis and aspiration pneumonia. Forced marriage Harmful traditional practices in Nigeria Child marriage is a very common cultural practices in some Nigerian tribes. The main victims of early marriage are young girls. The marriage age for them is considered to be around 12 years old. Still, some girls enter the puberty period in the house of the husband. Sometimes they can be married to a man much older, then they are. The violence occurs when a girl refuses to marry or have sex with a husband. They have to suffer from the pregnancy in the young age and suffer from obstructive labor. Young girls can be bought directly from the parents. Many of the children are given free to marriage for future economic and political benefits. Children under age of 12 have to work on the farms against their will. They can work regardless climatic conditions. This practice is common in the forest and farm regions of Nigeria. Still, parents send their children to work as they believe it will help them to secure a job position in the future. Therefore, children do not go to school and have to work without proper protection. Public organizations and UN attorneys investigate cases of forced children labor in Nigeria. Blood vengeance Harmful traditional practices in Nigeria UN Study on Violence in Africa provides facts of blood vengeance in some tribes. This tradition is based on the religion basis. If one member of the family harms a member of another family, then the whole family can pay a death price for the actions of one member. These cultural practices stand against law in Nigeria. Still, it does not stop these traditions. Families still have grudges and they prefer to solve their problems not in the courts. Therefore, Nigeria suffers from brutal murders in rural areas of the country. Son preferences over daughters Harmful traditional practices in Nigeria Sons preferences can take many forms in cultural practices of tribes in Nigeria. This custom is rooted in gender inequality. According to this custom, families see the continuity of the lineage in men rather than women. Therefore, families see girls as not a part of the family. Therefore, these families see their main goal as to feed girls up until the age when they are ready to give birth to children. When girls reach the necessary age they can be married forcedly to a man. Arranged Marriage Harmful traditional practices in Nigeria This custom may not be harmful for a body, but forced marriage can be harmful for a soul. The arranged marriage is one of the widespread harmful traditional practices in Africa. Parents make arrangement that they children will marry at the certain age. Some of these arranged marriages become successful while others can be disastrous. According to these cultural practices, children have no freedom in choosing their life partners. Therefore, children become hostages of political and economic games of adults. Children who resist forced marriage can be severely punished not only by parents

but also by the family of the future husband or wife. Female Genital Mutilation Harmful traditional practices in Nigeria This practice is also known as female circumcision. Some cultures in Africa see this tradition as a part of becoming a woman. Therefore, young girls undergo the procedure during the puberty period. Some tribe cultures see external female organs as an unclean. Therefore, they believe that they clean their girls with mutilation of the organs. The main victims of this tradition are young women. They can be kidnapped by an individual or a group of individuals. Kidnapped women do not have an option to refuse the marriage. If they refuse to a proposal, then their families will be marked as shameful. Therefore, kidnapped women have no choice then to marry their kidnappers. Still, some women can choose more radical options, they can commit a suicide. UN express concerns about women kidnapping in Africa. Virgin girls in tribes are defined as clean and pure. Girls who did not save their virginity up to the marriage can be treated horribly. Virginity tests in Africa tribes can have various forms. Some tribes also examine male virginity. According to some traditional tests, a boy defines as a virgin if he has a thick foreskin and can urinate over one-meter-high fence with no hands. Breast ironing Harmful traditional practices in Nigeria Breast ironing is one of the harmful tradition practices in Africa. This practice is performed by a mother on a pubescent daughter. According to some sources, African women firstly started to use this practice to prevent sexual abuse and beginning of sexual life for girls. On the contrary, it does not prevent girls from becoming sexually active, but it leads to an inability to produce breast milk. Witch burning Harmful traditional practices in Nigeria Life of African tribes is always connected with survival. Moreover, African people are deeply religious, and the desperate times they are ready for desperate and foolish measures. Communities in Africa might experience various types of disaster, like long dry season, illness of tribe members, the death of cattle. Nevertheless, instead of seeking logical reasons of these issues, they tend to believe that it can be sorcery. Therefore, they burn innocent people to illuminate the sorcery is one the most harmful traditional practices in Africa. Dowry may include money, gifts, property or goods. Moreover, the worst thing in this situation is that a woman is treated like a staff. Her price is estimated by characteristics, like youth, fertility and virginity. The family of the woman can treat her not like a person, but like a slave with no permit to say no to a future husband. Acid attack is an act where an attacker throws acid to the body or face of a victim. Acid attacks are a part of home violence in closed Muslim communities in Nigeria. Usual victims of acid attacks are women under age The acid attacks resulted in the face scars, loss of eyesight body burning and even death. Moreover, it will also lead to a psychological trauma. Wife inheritance traditions Harmful traditional practices in Nigeria According to the laws of some African tribe, a widow may not inherit the property of a husband. Therefore, she becomes a wife of another man and has to provide matrimonial duties to her next husband. Sometimes, relatives of the husband can claim a widow to cleanse the name of the husband. The community may decide how to cleanse the husband, and the range of cleansing methods are various. Polygamy Harmful traditional practices in Nigeria Polygamy is a practice of marrying more than one person. Still, in African tribes, this is connected more with polygyny. Therefore, women in this situation are highly dependent on men. Forced pregnancy Harmful traditional practices in Nigeria Regarding war and conflicts preserving community is highly important. Therefore, women in these situations are seen as tools of continuation of the lineage. Nevertheless, they are not asked to bear a child. They usually become victims of rapes and forced impregnations. Stoning of Women Harmful traditional practices in Nigeria Stoning is capital punishment for women.

4: HARMFUL TRADITIONAL PRACTICES - Yaaka Digital Network

Cultural practices include a broad range of activities, such as religious and spiritual practices, art, medical treatment and customs, diet, interpersonal relationships and child care. Cultural practices vary widely around the world and from one ethnic group to another. Cultural practices cover many.

In many cases, this division masks more complicated reasons for defending harmful practices, the victims of which tend to be women and children and others who are less powerful in their society. Sometimes a harmful practice is so deeply rooted that it seems impossible to change. But in every country people have pushed forward positive social changes, and harmful practices have been ended. For example, foot binding was once the norm in many parts of China. Women without tiny, hobbled feet were considered unmarriageable. Women were completely dependent on men since they were unable to walk well. In the nineteenth-century Europe, women endured pain and physical damage from constrictive whalebone corsets which caused their waists to appear slim. This practice was also recognized as dangerous, and fell out of favor. As leaders in Western medicine learn more about helpful traditional practices, and vice versa, health professionals in all countries can draw from the best of these worlds in order to help their clients make healthy choices. Asia, the Middle East, Africa Severely restricted weight gain during pregnancy: Philippines, France, other countries Withholding colostrum initial breast milk with special nutritional value from newborn: China, Guinea Bissau Low levels of breast feeding: United States, France, other European countries Postpartum nutritional restrictions: Latin America Vaginal douching: United States, Europe, Southeast Asia, other countries Violence against Women Globally, at least one in three women has experienced some form of gender-based abuse during her lifetime. Women with a history of physical or sexual abuse are also at increased risk for unintended pregnancy, sexually transmitted infections, and adverse pregnancy outcomes. Females of all ages are victims of violence, in part because of their limited social and economic power compared with men. Violence against women VAW encompasses, but is not limited to: Sexual abuse of female children. Traditional practices harmful to women such as FGM. Sexual harassment and intimidation at work and in school. Violence perpetrated or condoned by the state, such as rape in war. In the s, Violence against women, VAW emerged as a focus of international attention and concern. The Beijing Declaration and Platform for Action devoted an entire section to the issue of violence against women. In , the 49th World Health Assembly adopted a resolution declaring violence a public health priority. Around the world, at least one woman in every three has been beaten, coerced into sex or otherwise abused in her lifetime. Two of the most common forms of violence against women are abuse by intimate partner violence IPV and coerced sex. Intimate Partner Violence IPV Intimate partner violence occurs in all countries, irrespective of social, economic, religious or cultural group. Although intimate partner violence is a common cause of injury in women, injury that requires treatment is not the most common outcome of such violence. Thus, increasingly emphasis has been placed on early identification of women during antenatal care, other obstetric or gynecological consultation, primary health-care, and mental health-services. In Ethiopia, the life-time prevalence of physical and sexual violence were reported to be The proportion of women reporting life-time and current experience of either physical or sexual partner violence, or both was Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse and in one-third to over one-half of cases by sexual abuse. The Life Cycle of Violence Against Women and its Effects on Health Events Triggering Violence A wide range of studies have produced a remarkably consistent list of events that are said to trigger partner violence. The most widely accepted reasons for wife-beating are going out without telling the partner and neglecting the children about 64 percent. Sexual Coercion Sexual coercion exists along a continuum, from forcible rape, to non-physical forms of pressure that compel girls and women to engage in sex against their will. The touchstone of coercion is that a woman lacks choice and faces severe physical and social consequences if she resists the sexual advances. Sexual violence includes; Rape within marriage or dating relationships Rape by strangers Systematic rape during armed conflict Sexual harassment.

5: Chinese religious rituals and practices - ReligionFacts

TRADITIONAL HEALTH BELIEFS, PRACTICES. The beliefs and traditions of community members have a profound effect on the health of the community. Traditional beliefs regarding specific health behaviors such as smoking can influence policy, for example, on whether or not funds will be spent on antismoking legislation or on some other matter such as highway infrastructure.

Traditional beliefs regarding specific health behaviors such as smoking can influence policy, for example, on whether or not funds will be spent on antismoking legislation or on some other matter such as highway infrastructure. These beliefs also influence the types of food, recreational activities, and health services available in a community. Traditional health-related beliefs and practices among different ethnic groups fall into three groups: For example, pregnant women in many Asian cultures are advised that if they eat blackberries their baby will have black spots, or that if they eat a twin banana they will give birth to twins. Such ethnocentric beliefs have their foundation in folklore and traditional practices. The Vietnamese traditionally believe that disease is caused by an imbalance of the humoral forces of yin and yang. These practices, from the Western viewpoint, were once thought to pose barriers to health. Recent investigations, however, revealed that certain beliefs and practices predicted neither lack of access to, nor underutilization of, health services. In fact, individuals should not be discouraged from placing faith in such beliefs, as they may result in positive health outcomes. Prevention is more desirable than intervention, which is the taking of action during an event. Cigarette smoking, the largest preventable cause of death and disability in developed countries and a rapidly growing health problem in developing countries, is a classic example of a behavior for which an ounce of prevention is truly worth a pound of cure. Despite thousands of conclusive studies establishing cigarette smoking as a cause of cancer, and despite the resulting coughing, odor, facial wrinkles, skin discoloration, ostracism, and increasingly socially unacceptable nature of this behavior, smoking rates remain high in certain population groups. Between and , 47 percent of both black males and white males with less than twelve years of education were smokers. Unfortunately, because the debilitating effects of smoking are not visibly present for many years following initiation of the behavior, most individuals are not willing to do the "ounce of prevention" part of the adage. A different story emerges for those who do quit smoking. Smokers who have quit for up to five years soon regain positive health benefits, such as less coughing, better breathing, and life expectancies equivalent to individuals of the same age who have never smoked. An additional benefit to society is purely economic: Female circumcision, or female genital mutilation FMG, is a graphic illustration of a traditional practice with a negative health outcome. The traditional belief is that the practice of FMG ensures virginity and family honor, secures fertility, promotes the economic and social future of daughters, and perpetuates a "religious tradition. The practice of FMG is justified by proponents who assert it "attenuates sexual desires in girls and protects their morals. The practice is also believed to play a significant role in facilitating the transmission of human immunodeficiency virus HIV infection through numerous mechanisms. Department of Health and Human Services Health, United States, National Center for Health Statistics. Cite this article Pick a style below, and copy the text for your bibliography.

6: Traditional customs & practices of India - Indian Heritage

The WHO notes, however, that "inappropriate use of traditional medicines or practices can have negative or dangerous effects" and that "further research is needed to ascertain the efficacy and safety" of several of the practices and medicinal plants used by traditional medicine systems.

While ritual remains important, times do change. And with them, so does the world. Do we accept customs that are in direct disagreement with our own beliefs? Like many aspects of responsible. Traditionalists argue that matadors display great skill and take great risk, justifying the brutality as a thing of beauty. But that point of view is dying the same slow death the bulls do, pierced by one stiff stance at a time. They were aided by men on foot with bright clothes, who eventually morphed into matadors. Nowadays, a group of men led by a matador enter a ring and slowly kill a bull, which they stab with swords in an attempt to enrage it. Bear Baiting, photo via World Animal Protection 2. Long snubbed by animal rights activists as barbaric, this inhumane bloodsport finds bears battling against trained fighting dogs for human entertainment. The young bears are captured in the wild at an early age. Their canine teeth are broken, their muzzles are painfully pierced with nose rings to which chains are attached, and their claws are often removed. With no real weapons left at their disposal, the bear is put into a ring with a pack of dogs trained to attack it mercilessly as the cheering crowd eggs them on. The closer we study it, the more we notice that men were obsessed with obtaining extra oomph in the bedroom long before Viagra came along. We should never order food that puts animals at risk of extinction. Elephants are commonly abused for tourist entertainment, often at the painful end of electric prods or bull hooks. Even pack animals that are commonly ridden or used for carriages—camels, horses, and donkeys—should at the very least be cared for responsibly. General rule of thumb: Buying Products Made From Ivory Souvenirs are often a highlight of traveling—a means of sharing the adventure with those back home. Ivory comes from the tusks of elephants, mammoths, walruses, hippos and narwhal. At one time these tusks were traded amongst indigenous people, who used the animals for survival. But the demand for ivory grew so much that custom gave way to commerce. Animal populations plummeted as a result of the ivory trade. Many furs and animals skins are illegal. Turtle shells are off-limits. Exotic pets should stay in exotic places. Coral belongs in coral reefs. We, as responsible travelers, must set our own moral compass. We can disagree with what is happening around us with objective understanding and ethical fortitude.

7: Dubai culture and tradition | About Dubai | Discover Dubai | Emirates

all cultural/traditional practices are bad however, some have stood the test of time and have positive values, others are uncertain and negatively harmful. It is essential to have an idea about cultural practices of some.

Messenger Doctors in parts of Nigeria have reportedly seen an increase in patients treated for allergies. This may be partly as a result of Nigerian societies adopting Westernised lifestyles and substituting traditional options for more modern choices. The allergy increase is due to their lifestyle choices preventing them from being exposed to the good micro-organisms that prevent allergies. Nigeria is not unique. Research shows that allergic diseases have been increasing in both developed and developing countries as a result of rising living standards and the adoption of western lifestyles. The World Health Organisation suggests that more than million people worldwide suffer from atopic dermatitis, allergic rhinitis and allergic asthma. Although not being exposed to good bacteria early in life is one possible cause of the increase in allergies, Western lifestyle factors such as exposure to pollution and tobacco smoke are also to blame. In Nigeria, some cultures recommend extended breastfeeding to help babies develop strong immune systems. But there are also several other indigenous child-rearing practices that have traditionally helped babies beef up their immune systems and ward off allergies. These are viable options that should be promoted locally. This is thought to be a critical developmental window as it can alter the risk for children developing allergic diseases. To prevent allergies and other related immune mediated disorders, there is a need for a diverse microbial community and a balanced immune system. This good bacteria helps in the efficient development of the immune system. One of the most efficient ways for this bacteria to be transferred is through normal delivery. As the baby goes through the genital tract, it accesses this bacteria. However, during a Cesarean section birthing process, there is limited transfer of this good bacteria to the child. Another process of transferring these good bacteria to the baby is through breastfeeding. Therefore, as the baby develops and encounters different bacteria populations, the bacteria community becomes more diverse. This helps the immune system develop and become tolerant of innocuous substances and subsequently prevents the development of most allergic diseases. There are several traditional practises in Nigerian societies that aid this process. Breastfeeding In some Nigerian societies, cultural and tradition practices are performed until a child turns two. Some of these practices have immunological basis as they contribute to the immune system developing efficiently. For example, mothers from the Efik and Ibibio culture in southern Nigeria breastfeed their children until they are one year old. It also helps expose the child to preformed antibodies which helps to prevent diseases in the early stages of their immune system developing. By this stage, their immune systems have not yet developed the full capability of combating infectious diseases. A locally produced weaning meal Another immune boosting mechanism in some Nigerian cultures is weaning babies off breast milk with pap. Pap is a semi-solid food made from fermentation of cereals and legumes – maize, guinea corn, millet and sorghum. Pap helps diversify the microbial community that the baby develops from the starter cultures it has got during the delivery process and breastfeeding. Scientists have shown that these locally produced meals help to calibrate the immune and metabolic functions which decrease the risk of immune-mediated diseases including allergies. As a result of the pap, the baby has a natural supply of probiotics that help develop a microbial community for the immune system. In the Yoruba community, lactating mothers are also encouraged to take pap as it improves their production of breast milk. This cultural practice also has potential immune benefits. Studies have shown that locally prepared pap contains naturally present probiotic supplements. This may lead to them having higher levels of anti-inflammatory molecules in their breast milk which offers their babies reduced risks against allergy and other diseases. There is also a social practice in which the new mother is encouraged to keep the company of other family members immediately after birth. Research suggests that this reduces the risk of postnatal depression in new mothers. But it also provides a window for the child to have early encounters with a wider range of microbial communities.

8: Cultural practice - Wikipedia

traditional practices is often cited as the main reason for their perpetuation. In addition to recommending legal and policy reforms, this report underscores the need for direct.

Received Dec 15; Accepted Jun This article has been cited by other articles in PMC. Abstract The practice of traditional Aboriginal medicine within Australia is at risk of being lost due to the impact of colonisation. Displacement of people from traditional lands as well as changes in family structures affecting passing on of cultural knowledge are two major examples of this impact. Prior to colonisation traditional forms of healing, such as the use of traditional healers, healing songs and bush medicines were the only source of primary health care. It is unclear to what extent traditional medical practice remains in Australia in within the primary health care setting, and how this practice sits alongside the current biomedical health care model. An extensive literature search was performed from a wide range of literature sources in attempt to identify and examine both qualitatively and quantitatively traditional medicine practices within Aboriginal Australia today. Whilst there is a lack of academic literature and research on this subject the literature found suggests that traditional medicine practice in Aboriginal Australia still remains and the extent to which it is practiced varies widely amongst communities across Australia. This variation was found to depend on association with culture and beliefs about disease causation, type of illness presenting, success of biomedical treatment, and accessibility to traditional healers and bush medicines. Traditional medicine practices were found to be used sequentially, compartmentally and concurrently with biomedical healthcare. Understanding more clearly the role of traditional medicine practice, as well as looking to improve and support integrative and governance models for traditional medicine practice, could have a positive impact on primary health care outcomes for Aboriginal Australia. This worldview recognises good health as a complex system involving interconnectedness with the land, recognition of spirit and ancestry, and social, mental, physical and emotional wellbeing both of the individual and the community [2]. Indigenous Australians view ill health as the result of one of three causes – a natural physical cause, a spirit causing harm, or sickness due to sorcery [3]. The impact of colonisation and the subsequent displacement and disconnection of people both from their traditional lands and later from their traditional families has been significant in its subsequent effect in the use of traditional practices including traditional medicine [4]. The Alma-Ata declaration on primary health care PHC by the World Health Organization WHO in witnessed a response from several countries to improve their traditional medicine use and regulation of use within the primary health care model. This holistic approach in the evolution from primary medical care to primary health care as adopted by the Alma-Ata declaration in has been praised, however there has been no mention of the incorporation of traditional medicine use within the design of these health services as other countries have [6]. It is acknowledged that in remote areas in other countries it is common for traditional medicine to coexist with biomedical healthcare as part of a pluralistic medical system [7]. It is unclear if this also applies to Aboriginal Australia and if so, to what extent traditional medicine is practiced and how it sits with the use of biomedical healthcare. Treatment modalities within TMP for the review will be inclusive of Traditional Healers TH , herbal medicines, ceremonies and healing songs [8]. Whilst it is recognised that bush foods also play a role in traditional health practices, specific articles on bush tucker and nutrition will not be included due to the limitations on the length of this review. Methodology Database searches were performed via the internet using Google, Google scholar, PubMed, Indigenous health info net, snowballing reference citation , related government and non-government websites. Keywords used in the search were: State library resources were also identified. Literature included in the review either; i. Documented any TMP amongst communities including the type of ailments treated. Literature excluded from the review either; i. Examined the biological activity or phytochemical constituents of medicinal plants identified; iii. TMP was not at the primary health care level. Examined non-Indigenous Australian models of TM i. The total number of articles found that met inclusion criteria was 13, dating from – The review was conducted solely by the publishing author. Key findings The review is themed according to the setting of PHC. The first group is PHC based at an established health clinic with two sub-groups –

clinics offering any aspect of TMP alone or in combination with biomedical health care, and clinics offering only biomedical health care. Questionnaires were distributed to all participating Aboriginal and Torres Strait Islander biomedical health services that receive funding from OATSIH for provision of primary health care. The results showed that in the year 2000 the percentage of health clinics that offered services of traditional healers was 20%. This compares with previous years 1997 and 1998 at 10% and 10% respectively. Therefore statistically within government funded established primary health care clinics in Aboriginal Australia roughly one fifth offer traditional healers and one tenth offer bush medicines as part of the healthcare service. There is however a lack of detail within the report surrounding this service provision. Details such as how often these services were provided, when, why and how they were provided with respect to biomedical healthcare and if these service provisions resulted in employment within the health service were not reported. However there were written anecdotal reports from Aboriginal health workers and nurses employed within select health clinics for the storage and use of bush medicines, and sometimes THs, within the clinic [10 , 11]. Observation of a TH visiting to the clinic i. These anecdotal accounts give us little information regarding the extent of use or the reasons for use of TM, and are unreliable as sources of current practice as all three accounts were written 9 years or more ago. The Akeyulerre Healing Centre in Alice Springs offers stand-alone TMP THs and bush medicines in a culturally safe place where traditional knowledge and practices can be shared and practiced. An Australian Broadcasting Network ABC interview conducted with an ethnobotanist researching the use of bush medicines and a local elder women discussed the use of specific bush medicines made by local community people provided at the centre [14]. Similar to Alice Springs local elder women in the Western Australian Kutjungka community Balgo Hills Wirrimanu have formed the Palyalatju Maparna Health Committee which provides bush medicines to the local biomedical health clinic at Balgo, the local community and surrounding communities [15]. In April the funding was ceased and the committee dissolved [16]a. The incorporation of the Palyalatju Maparna Health Committee could be seen to play an important role in the community for access to bush medicines for primary health care. Whilst further research is justified in assessing this role both qualitatively and quantitatively the article does give us an indication that the provision of bush medicines by local women elders improved TMP for the Balgo community. Clinics offering only biomedicine A qualitative survey by way of a questionnaire was developed in Aurukun Health clinic, Cape York Peninsula in far North Queensland, to determine the extent of use of bush medicines by clients of the health service and for what types of illnesses medicines were used for [18]. Permission for the survey was gained from the Queensland Health Ethics committee and the survey was conducted and filled in by clinic staff due to low literacy levels of clients. As a consequence the survey did not go well and no understanding of bush medicine use was gained as a result. The set up of this survey could be seen to fail on several levels 2000 identification of some of these reasons has been made by reviewers of the research project [18]. Cross-cultural communication, cultural sensitivities for sharing of knowledge and re-enforcing of negative colonialist experiences through the research process were reasons identified. This highlights difficulties in qualitative field research, and the need for sound cultural understanding and putting time into the design of research and building trust relationships with community before attempting research. Both a book has been published about these traditional healers, or Ngangkari [20], and an interview was recorded on ABC which examined the role of the THs [19]. It is reported that Ngangkari work hand in hand with the mainstream health services both in primary and tertiary health care and are recognised by the mainstream medical doctors, working alongside and in co-operation with them. This doctor then refers to the TH for a treatment who then refers back to the western doctor for pharmaceutical medicine rather than traditional herbal medicine. No information is given surrounding this process that informs the reader of the extent of this practice, such as was it the western doctor who felt that the patient would benefit from the TH, is this process used on every patient or was it at the patients request? What we can determine from this account is that there is mutual respect between the western doctor and TH in this situation. The account sought to understand by way of this observation as well as conversation with community members about health behaviour after their permission was sought. Observational reports stated that many people visit the Maparn first, especially if they consider their sickness to be serious, and that sometimes Maparn will visit the clinic, especially if a family member requests their presence. An account of a

young man in his twenties who used services of both the Maparn and the health clinic concurrently was described as “the young man would visit the Maparn in the morning and the clinic in the afternoon. The availability of Maparn may affect the role that TM plays” in some communities Maparn have passed on and in others they have given up their practice, which means that Maparn from other communities will need to travel. Although this type of research provides detailed and accurate description, it does lack objectivity and does not give us a reliable indication to the extent that Maparn are incorporated in health behaviour of the community, for example a percentage of community members that use Maparn, and if this use is associated with cultural affiliation. In his observations the author discovered that the use of bush medicine was used to treat specific symptoms of illnesses and included coughs, colds, wounds and sores, and that every adult and many children had some knowledge of bush medicine. If the disease however was caused by sorcery then an Ngangkari was consulted. Two illness-related cases were followed to examine health behaviour. The first case was a 44yr old male who consulted several Ngangkari over a period of weeks before finally visiting the clinic biomedical after his condition was not improving and becoming worse. The second case was a 33yr old girl who after years of biomedical healthcare ceased visiting the clinic except to collect her long-term medicines to engage with an Ngangkari. These two cases give an example of different age and gender who both utilised THs in different sequences, and whilst the same subjectivity may apply as for the above ethnographic study and lack of understanding of the level of the community who engage with Ngangkari, it does give us an indication of the role of the TH based on health beliefs of illness causes. The qualitative analysis was by way of individual in-depth interviews, observations and field notes. Results were analysed thematically into reasons why or why not bush medicine was used demonstrating both the role and use of TM. Consent was given from the Aboriginal reference group involved and this group was consulted throughout the study period. Thirty seven in-depth open-ended interviews were conducted in English, including one rural and two remote participants whilst the remainder resided in urban Perth, Western Australia. Out of these 11 types of cancer were identified and only 11 of the 37 interviews were used as the focus for the paper. The results of the study found that bush medicine played a role in symptom relief from chemotherapy or stress associated with the situation. In some cases people chose TM over western medicines and vice versa depending on their situation and beliefs surrounding chemotherapy and TM. Such situations were likely to be concern over leaving family to come for chemotherapy treatment, adverse reactions from chemotherapy, limited access and knowledge of bush medicines, and uncertainty about bush medicine interactions with cancer medicine [23]. Although evidence exists for the use of TMP in primary health care, either alone or in combination with biomedicine, reliable and valid research is lacking. Specifically, there is a paucity of literature that seeks to examine the role of traditional treatment modalities of ceremony and healing songs, instead the focus is on traditional healers or bush medicines. Saying this, the literature found does give us an indication that TMP exists and this enables a discussion about its role in PHC. The percentages of overall service provision serves as a useful tool to examine the extent of TMP. Combining both THs and bush medicine gives us a figure of Quantitatively this report gives us no indication for reasons and extent of use of these services within an individual clinic, such as how often or what type of illness. More questions need to be designed into the report if these reasons are to be identified and examined. Qualitatively, the role of TMP can be described as sequential i. The ethnographic research conducted [21 , 22] show that people within the relevant communities studied exhibit all 3 types of health behaviour for using THs. This behaviour could be affected by the residency or employment status of the TH within the health services. It is reported that THs were employed in Australia by the Northern Territory Department of Health in the early s, however a training course to teach traditional healers about western medical practices was soon replaced by the training program for AHWs [24]. Within the context of primary health care, they can blend together in a beneficial harmony, using the best features of each system, and compensating for certain weaknesses in each. While not articulated in any of the research, the area of uncertainty for drug-plant interactions should be considered from the other perspective also “that is non-compliance of pharmaceutical medicine due to a desire to use bush medicine and not wanting to mix the two. We can see with a clear mind. Integration of both systems requires an understanding of the social and cultural constructions of each medical system and the complexity of the whole. Because we are not traditional

Aboriginal, and our family was Christian based, and so we put our trust on God. A perceived failure of treatment would then impact on the role and health-seeking behaviour of people, especially for illnesses where pharmaceutical medicine is being used to treat in a preventative role, such as the prevention of micro- and macro-vascular complications of diabetes type 2. Another influence that has been identified in the above review is that of gender. The Maparn THs in the Kutjungka were reported to be generally male, although there are some female Maparn. The resultant effect was for these women to not access the biomedical healthcare and treat their children at home with TM. This highlights the importance to incorporate gender roles within research for TMP.

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