
Integrative Medicine in India: Need for an Inclusive Health Policy

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Introduction

Integrated Medicine is an approach to health and healing that provides patients with individually tailored health and well-being programs. These are designed to address the barriers to healing and provide the patient with the knowledge, skills and support to take better care of their physical, emotional, psychological and spiritual health. Rather than limiting treatments to a specific specialty, integrated medicine uses the safest and most effective combination of approaches and treatments from the world of conventional and complementary/alternative medicine.¹ These are selected according to, but not limited to, evidence-based practice, and the expertise, experience and insight of the individuals and team members caring for the patient. As defined by the National Center for Complementary and Alternative Medicine at the National Institutes of Health, Integrative medicine combines mainstream medical therapies and CAM therapies for which there is some high-quality scientific evidence of safety and effectiveness.² The term integration is widely used to express the formalization and official incorporation of TRM into national health services. However, the term has a more specific meaning. Historically, the relationship between modern and traditional medicine has taken four broad forms:³ (i) Monopolistic system- Modern medical doctors have the soul right to practice medicine. (ii) Tolerance system- One of co-existence system where traditional medical practitioners, while not formally

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recognized, are permitted to practice in an unofficial capacity. (iii) Parallel or dual health care system- As in India, where both modern and traditional medicine are separate components of the national health systems (iv) Inclusive Integrated model- Modern and traditional medicine are integrated at the level of medical education and practice (e.g. China, Vietnam). India is one such country which enjoys great antiquity of health practices backed by strong base of its indigenous Traditional Knowledge (TK). It has been increasingly understood that no single health care system can provide satisfactory answers to all the health needs of modern society. Evidently, there is a need for a new inclusive and integrated health care regime that should guide health policies and programs in future. India has an advantage in this global resurgence of interest in holistic approach as it has a rich heritage of indigenous medical knowledge coupled with strong infrastructure and skilled manpower in modern medicine. Medical pluralism can bloom here. Thus AYUSH sector has a critical role to play in the promotion of AYUSH drugs as standalone and as add on therapy for various ailments. Certain studies examine the efficacy of AYUSH intervention as standalone therapy and also as add on therapy to conventional medication for various ailments. It is high time to further promote the same at much bigger platform so that the benefits can reach among masses. Currently Traditional and Complementary Medicine (T&CM) or Complementary and Alternative medicine (CAM), and conventional medicine are practiced in almost all countries in the world. CAM is in increasing demand by patients and is also studied in universities (e.g. the Academic Consortium for Integrative Medicine &

Health in the USA). According to the "Traditional Medicine Strategy: 2014-2023" of the World Health Organization (WHO), the public and consumers of health care worldwide continue to include TM in their health choices. This obliges Member States to support them in making informed decisions about their options.⁴ As the uptake of T&CM increases, there is a need for its closer integration into health systems. Policy makers and consumers should consider how T&CM may improve patient experience and population health. Integrating T&CM into conventional medicine will provide an additional knowledge and interventions on preventive and curative health promotion.⁵ The integration can therefore contribute to current issues in public health and healthcare such as developing strategies of healthy ageing, promoting self-management, and controlling healthcare expenditures.^{6,7}

Health Policies in India : Integrating Health Care Systems

The Government of India has included AYUSH in many major health policies and made strategies for optimal inclusion and mainstreaming of AYUSH in mainstream healthcare services in India. The policy and strategies of Government during different periods opened avenues for integration of AYUSH and conventional medicine at Research as well as Clinical practice. The core recommendations of policies encompass mainstreaming of AYUSH in the National Reproductive and Child Health (RCH) Program in the National Population Policy-2000; Re-orientation, prioritization of research in AYUSH and to validate therapy and drugs in

Chronic and Life Style Related Diseases in National Health Policy on AYUSH -2002 and National Health Policy-2002; Health conditions and disability - adjusted life years (DALYs) lost in India results from Communicable diseases, Reproductive and Child Health conditions and Life style related disorders in National Commission on Macro-economics and Health-2005. Further, the recent three major documents related to health policy viz. National Health Policy (NHP) 2017; Situation Analyses – Backdrop to NHP 2017, Ministry of Health and Family Welfare, Government of India; and Three-Year Action Agenda 2017-2020, NITI Aayog, Government of India highlighted on prevention through lifestyle advocacy, health care delivery through integration, co-location, and medical pluralism.

To understand the real challenge of integration of diverse systems, let us briefly review the genesis of the conflict. In 1938, largely as a result of the freedom struggle and emphasis on '*swadeshi*', the National Planning Committee (NPC) set up by the Indian National Congress took a decision to absorb practitioners of Ayurveda and Unani systems into the formal health set-up of independent India. In 1946, the Health Minister's Conference adopted the NPC proposals and resolved to make appropriate financial allocations for: (i) Research based on the application of scientific methods in Ayurveda and Unani; (ii) The establishment of colleges and schools for training in diploma degree courses in indigenous systems; (iii) The establishment of postgraduate courses in Indian medicine; (iv) The absorption of *vaidya* and *hakims* as doctors, health workers etc. and (v) Inclusion of departments and practitioners of Indian medicine on national health committees.

As a result of the conference resolutions, the government set up the Chopra Committee (1948) on the Indigenous Systems of Medicine to work out guidelines for the implementation of the above proposals. The Chopra Committee eventually came out in support of a synthesis of the Indian and Western systems through integrated teaching and research. It recommended that the curriculum be designed to strengthen and supplement one system with the other, with each making up for the other's deficiencies, while research should be concentrated on removing useless accretions to Ayurveda and making it intelligible to modern minds since a large portion of the texts were in Sanskrit. The ultimate objective of the research ought to be a synthesis of Indian and Western medicine which was suited to Indian conditions. The Chopra Committee was followed by the Dave Committee which went into the issue of establishing standards in respect of education and regulation of practice in ISM. The Committee recommended an integrated course of teaching and some states in the Indian Union in fact started integrated colleges which taught both modern medicine and Ayurveda. Eventually, the supporters of a pure system of education and training for Ayurveda, homeopathy and Unani system gained political support in the country's political circles. This led to the formation of several independent Councils for looking after the research, development, training and regulatory aspects relating to ISM. The Sixth Plan (1980-84) was influenced by two policy documents: The Alma Ata Declaration and the ICMR/ICSSR report on 'Health for All by 2000'. The ICMR/ICSSR Report (1980) was in fact a move towards articulating a national health

policy that was thought of as an important step to realize the Alma Ata Declaration. It was realized that one had to re-define and re-articulate and get back into track an integrated and comprehensive health system that policy-makers had wavered from. It reiterated the need to integrate the development of the health system with the overall plans of socioeconomic and political change.⁸The Declaration recommended that primary health care should include at least education concerning prevailing health problems and methods of identifying, preventing and controlling them; promotion of food supply and proper nutrition, and adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunization against major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common diseases and injuries; promotion of mental health and provision of essential drugs. It emphasized the need for strong first-level care with strong secondary-level and tertiary-level care linked to it. It called for an integration of preventive, promotive, curative and rehabilitative health services that had to be made accessible and available to the people, and this was to be guided by the principles of universality, comprehensiveness and equity. It also recognized the need for a multi-sectoral approach to health and clearly stated that primary health care had to be linked to other sectors.⁹ The emphasis of the first health report i.e. Health Planning and Development Committee's Report, 1946 (popularly known as the Bhore Committee Report)¹⁰ on the role of the State was explicit. The Report was based on a countrywide survey in British India.

It is the first organized set of health care data for India. It considered that the health program in India should be developed on a foundation of preventive health work and proceeds in the closest association with the administration of medical relief. The Committee strongly recommended a health services system based on the needs of the people, the majority of whom were deprived and poor. It felt the need for developing a strong basic health services structure at the primary level with referral linkages. This integration of preventive and curative aspect can only be achieved by bringing true medical pluralism with effective cross referral system in India by bringing all system of medicine on one platform so the best of all can be utilized in its full potential. Most of the policy reports miss out on the importance of a strong referral system.

Exploring Integration Models

Integration of various system of medicine in India can be done in various aspects to achieve true medical pluralism and thus providing better and comprehensive health care services to every citizen. (i) Integration of AYUSH system with Allopathic system and Intra AYUSH integration (ii) Integration of all the systems by identification of their strengths and improving cross referrals (iii) Integration in Research field, combining positive leads of two or more system of medicine to bring out the best treatment modality for the patients.

There are two schools of thoughts in this regard. The first school views traditional systems as based on fundamentally different assumptions about human life, health and illness, which, in no way can reconcile with the theories of

biomedicine. The traditional medicine systems attempt to restore the balance of mind-body-soul and treat patients holistically. The conventional medicine approach, on the contrary, treats a patient as a passive subject and focuses only on bodily aspects of the health problem.¹¹ Thus, those who subscribe to the first school consider western and traditional medicines irreconcilable and prefer them being practiced rather independently. The second school though acknowledges the differences in the two medicine system approaches and sees many possibilities of developing a unified health care delivery system. The vast local resources of health care need to be mobilized into the crumbling public health services where different medicinal systems can work under one roof.

The Self-Care Approach as an Integrative Tool

Both the traditional and western biomedicine represent theory and practice for managing human health, the approaches differing in basic concepts but also converging on many aspects of healthy lifestyle and public health. Self-care is one such dimension. A people empowering self-care approach requires that (i) general public not only have access to, but also learn to digest and critically evaluate health-related information (from advertisements, newspapers, books, journals, internet, etc.) that could inform their activities; (ii) appropriate information about all available systems would be useful for rational decision making; (iii) sharing of experiences and information within the community and between sufferers of specific problems.¹²

Evidence -Based Approach for Integration

Certain studies have been conducted to assess the feasibility of integration of AYUSH systems in primary and tertiary level of health care. Central Council of Research in Ayurvedic Sciences (CCRAS), Ministry of AYUSH, Govt. of India in collaboration with the Directorate of Health Services of different Indian states conducted a study to assess the feasibility of Integration of AYUSH (Ayurveda) with NPCDCS program. The study reveals that integration of AYUSH with NPCDCS program at grassroots level will be a useful tool for future action plan and to take appropriate policy decisions for integration, which will further help to control and manage the disease burden.^{13,14} In a collaborative study to assess the feasibility of integration of Ayurveda in Reproductive and Child Health program at primary health care level conducted in collaboration with ICMR demonstrated the feasibility of introducing Ayurveda in mainstream and effectiveness in the ante-natal and post-natal care in primary health care setups. Significant improvement in various outcome indicators such as Hemoglobin%, minimal complications during pregnancy, achievement of full term pregnancy and no still birth and neonatal death were observed in the study. An operational Study entitled feasibility of integrating Ayurveda with conventional system of medicine in a tertiary health care hospital to the management of Osteoarthritis-knee (OA) was conducted in Ayurvedic unit of Safdarjung Hospital, New Delhi, a multispecialty conventional medical hospital in collaboration with the World Health Organization, India office.¹⁵ The

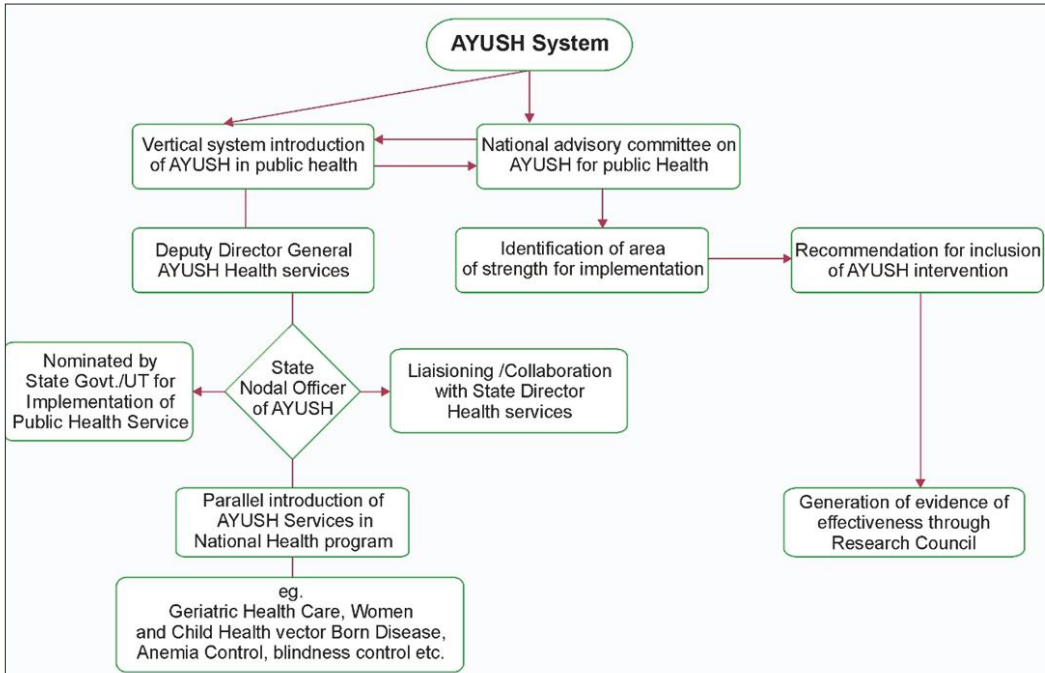
study initiated a functional linkage between Ayurvedic and Orthopedics Departments in terms of continued communication and referrals of the suitable patients. The study created awareness among practitioners of Department of Orthopedics about the benefits of Ayurvedic treatment for OA. Ayurvedic treatment was proved to be effective in the management of OA knee with respect to reducing the symptoms, improving the quality of daily activities, and reducing the use of non-steroidal anti-inflammatory drugs as rescue medication. The study created awareness among the patients visiting the hospital about the availability of Ayurvedic services in the premises. It is apparent from the experience with the study that the continued communication and scientific approaches will usher actual integration and a rational cross-referral system is the practical effective way to integrate Ayurveda with allopathy.¹⁶ Further, an international collaborative research project with Charite University to study management of Osteoarthritis through Ayurveda evaluated the effectiveness of Ayurvedic treatment compared to conventional conservative care in patients with knee OA.¹⁷ The study results suggest that the Ayurvedic treatment is beneficial in reducing knee OA symptoms. For the study, the protocol was developed in an international consensus process with Ayurveda and orthopedic experts from three countries (India, Germany and Italy) using a Delphi approach.

In order to integrate Traditional Systems of Medicine in India, the major task is to standardize the terminologies of these systems which will be in accordance to the WHO ICD (International Classification of Disease). A landmark work is being

done in this direction by the Ministry of AYUSH by development of National AYUSH Morbidities and Standardized Terminologies E- Portal¹⁸ (NAMASTE Portal) which is an AYUSH Informatics Initiative for centralized collection of morbidity statistics pertaining to various systems of medicine under the Ministry of AYUSH.¹⁹ AYUSH need to be developed as a sustainable healthcare system instead of mere gap filling measure. Independent AYUSH health service infrastructure at State and Central level parallel to Allopathic health services may be established through an inclusive or parallel system of AYUSH based health care program. There is a need of introduction of AYUSH based National programs for Health care delivery on the line of program implemented by Ministry of Health and Family welfare either as inclusive or parallel or vertical healthcare delivery system. Expert level steering committee /group of clinicians may be given the task to decide the treatment levels of care. Thus channelizing AYUSH care for inclusion in various health care program at different levels. **(Figure 1)**

Integrated healthcare approach may be adopted instead of integrative medicine through promotion of Cafeteria approach in a hospital where one gets all facilities under one roof so that the patients have the choice for the suitable treatment under one roof and will also promote cross referrals (Integrative medicine combines Complementary and Alternative medicine (CAM) with conventional medicine).²⁰ Whereas, integrated healthcare system is the organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money.

Figure 1: Suggested Implementation Strategy of AYUSH based Health Services in Public Health Parallel to Conventional Health Services



Source: AYUSH in Public Health: Strategy and Framework. Brainstorming Session (Background Note). CCRAS, Ministry of AYUSH, 2018).

This system provides right care in the right place.²¹ Further, systematic research is needed to establish standardization, efficacy and safety of classical AYUSH medicines as actively done by CCRAS.²²

The National Consultative Meet on Intra AYUSH Collaboration explored various strength areas where a particular system of AYUSH medicine can be beneficial as standalone and as add on therapy to showcase the notable achievements of AYUSH Research Councils and possible areas of collaboration. A document titled “AYUSH systems - A focus on core achievements and potential areas of strength” has been released to draw a future roadmap for integration among these systems and following are few suggestions such as introduction of inclusive or parallel vertical healthcare

delivery along the lines of conventional framework and AYUSH based public health initiative to attain the goal of the National Health Policy 2017, aspects of AYUSH to be included in programs aimed at achieving Universal Health Coverage and necessary steps involved in fructifying vision, regulatory barriers, which if overcome could enable AYUSH to serve the society more efficiently and, steer it closer to the goal of the National Health Policy 2017, a public health task force may be created under Ministry of AYUSH that may work as an Advisory body to develop research programs, which should aim at fine tuning this program as culturally sensitive, locally available and low cost public health program and ASHA workers and ANMs may also be trained in AYUSH systems as they are working in the grassroots level.²³

The dream of healthier 'New India' can be achieved only with collaborative efforts by bringing the scientists of all system on one platform. It is the duty of the stakeholders of all the system of medicines to have esteem for each other and to identify the areas of collaboration and integration so to develop a stronger and consolidated platform for medical pluralism in its true form. Thus, AYUSH systems plays a key role in the health care system, however its positioning with respect to National Health Policy 2017 needs to be augmented.^{24,25}

Conclusion

A comprehensive health policy is essential to promote integrative health care in the country making provision for expanding the scope of integration in medical education, research and development, clinical practice and public health. While integrating AYUSH and mainstreaming it into the healthcare system in India, some of the important aspects that needs to be addressed: (i) developing standard integrative treatment protocols validated through research studies (ii) initiation of integrative health services of AYUSH and conventional medicine based on the standard integrative treatment protocols (iii) developing standard operative procedures for functional integration (iv) examination of integrative treatment approaches for compliance within the ambit of biomedical ethics (v) building an ethos of trust and mutual respect between AYUSH and conventional medicine practitioners which can be achieved by feasibility studies on functional integration (vi) cafeteria approach i.e. co-location of different system of medicines under one roof (vii) sensitization through

development of AYUSH educational module for conventional medicine system students can also be planned.

Endnotes

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