

Alternative Medicine: An Approach towards Bridging Gaps in Human Resources for Health in India

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Abstract—Dearth for human resource and pluralistic nature has always been characters of Indian health system. However, mainstream health system in general and health services system in particular is majorly driven by Allopathic system which is usually referred as ‘modern and scientific’ system of medicine. Furthermore, it creates debate around authenticity and scientific nature of Alternative systems of medicine like Homoeopathy, Naturopathy at various instances. Though there are debates around considering these systems as worthwhile alternative still they continued to serve Indian masses and fulfilling their healthcare needs.

Over a period of time each system has got influenced and shaped through internal and external factors like training, practice and Health Policy discourse. As a result of this each systems has proved its worth and sustained over a period because of effects they could produce to maintain trust among people even in the dominant discourse of modern Medicine. These are the reasons behind health culture and nature of Indian health system always remained pluralistic. In the context of pluralistic health system, this article analyses issues of Alternative systems of medicine, their integration and scope for bridging gaps in human resources for health.

Key words: Alternative systems of Medicine, Health System, Medical Pluralism, Human Resources for Health

1. INTRODUCTION

WHO (World Health Organisation) conceptualises, Traditional medicine as diverse health practices, approaches, knowledge and beliefs in incorporating plant, animal and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being as well as to treat, diagnose or prevent illness [1]. Whereas Complementary medicine are those health care and medical practices that are not currently integral part of conventional medicine [2, 3-7, 10] as biomedical approach is dominant system of medicine and other systems are peripheral in various countries. History of medicine observed that over a period various systems of medicines were evolved based on need of people. Based on their origin and popularity these systems are known as Chines medicine, Indian medicine, Greek medicine, Unani medicine, etc.

Over a period each system has developed, propagated and even become popular in various other regions also, which created ‘notion of Indigeneity’ of such systems of medicine. With wide acceptance of Allopathic system as ‘modern and scientific’, all other systems got secondary positions and are considered as complimentary to allopathic system of medicine. Or for that matter supplementing allopathic systems where it can’t reach. Down the line these indigenous systems were being considered as supportive or Alternative systems for health care system of the country.

Discourse around Alternative systems of medicine

Dictionary Meaning of a word ‘alternative’ in adjective form as ‘available as another possibility or choice’ and ‘relating to activities that depart from or challenge traditional norms’ [4]. It becomes much relevant when it comes to examining the discourse around alternative medicine because it fulfils both the explanations. On one hand Alternative medicine is often considered only as an another possibility which is the reason that it is often debated and doubted in terms of its so called efficiency, authenticity, effectiveness and scientific nature in dominant medical discourse. Even it is considered as secondary choice for mainstream people and mainstream for marginalised, poor, vulnerable or even for rural people as ‘mainstream medical services’ are not available and accessible to them.

On the other hand in relation to second meaning in actual alternative medicine challenges the conventional or mainstream system of medicine and depart from its Philosophy, understanding of health and illness, diagnosis and treatment. Like for example in case Ayurveda diagnosis of disease is majorly based on examining pulse called ‘*Nadi Parikshan* (pulse check-up),’ and nature and composition of body of a person called ‘*prakriti*’ [Nature/ personality] whereas modern medicine being considered as most evidence based, rely on clinical and pathological testing and imaging for diagnosis of disease and rejects other ideas of diagnosis. It is similarly true for treatment also.

In this context based on nature of health policy adopted by nation various systems falls in category of 'alternative medicine'. In Indian context these alternative systems and therapies are referred as 'AYUSH' [5] systems of medicine. AYUSH is acronym given to group of various systems of medicine viz. Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy [5, 6].

Though there are differences of opinions regarding calling these systems 'alternative' considering acceptance of these systems in public, available infrastructure and human resources of these systems, effectiveness and efficiencies being recognised worldwide and popularity. All these factors fulfil the eligibility of being mainstream system of medicine in pluralistic system.

Ayurveda, Yoga and siddha has originated here and history of medicine acknowledges contributions of these systems through various literatures. Ayurveda has rich heritage and there are documented evidences regarding its contribution to pharmacology and surgery. Traditionally Ayurveda practitioners called '*Vaidya*' (trained Ayurveda doctor) were fulfilling health needs of Indian population, it is similarly in case of Siddha which was popular in Tamil speaking regions of the country.

Unani was also introduced to Indian people with invasions by Persian people and it propagated with patronage received time to time in and effects it could produce [7]. Similarly Homoeopathy is originally developed by a German physician Dr. Hahnemann, in Germany. It was introduced to India by European missionaries in 1810 A.D.[6, 8]. It received official recognition by a resolution passed by the constituent assembly in 1948 by the parliament [8]. Popularity and demand for these indigenous systems has maintained them functional which have resulted in medical pluralism.

2. MEDICAL PLURALISM IN INDIA

Medical pluralism [9] in India is much evident because of strong presence of traditional Indian system of medicines viz. *Ayurveda*, *Yoga* and *Sidhha* and other complementary systems like Homoeopathy, Unani which are widely serving masses since centuries. Here *Ayurveda* has inception long back in history, where it was widely accepted and considered oldest form of medical system spread throughout Country, where services were provided through *Vaidyas* which were trained through *Guru Shishya* tradition [10]. This tradition in course of time passed through development of educational institutions where they are trained as Ayurvedic doctors. As system of medicine it has its own logic, philosophical theory, and concept of Life, body, health, disease, diagnosis, treatment and cure by use of Ayurvedic medicines, diet and regime. *Sidhha* is another traditional system which is influential and widely utilised in Tamil speaking regions of country [7].

Allopathic system of medicine usually referred as 'Modern system of Medicine' got its roots in colonial era which

propagated very fast and started influencing all other systems and local health cultures. In Indian context, though Allopathic system of medicine has been leading in terms of acceptance, outreach, support from government, funding and recognition, all other systems of medicine continued to be accepted, utilised and are being provided historically [9]. These systems are used with diversity observed at various levels like religion, geographical area, culture, gender, which influence availability, access and various perceptions by providers and clients. Down the line these systems are favoured and became popular in disease specific conditions e.g. Ayurveda for Renal calculi and Hepatitis.

3. ISSUES OF INTEGRATION OF ALTERNATIVES SYSTEMS OF MEDICINE

Status of traditional systems of medicine in relation modern medicine, state and society has always been subordinate in independent India. It is observed that state has always failed in actively supporting and strictly regulating practices of alternative systems of medicine [10-193]. The efforts were characterized by inadequate state policies towards strengthening alternative systems and majorly directed towards 'modernising' these systems of medicine.

In this context integration of systems of medicine has been tried in many countries for restoring complimentary Indigenous systems which has different contextual experiences. In case of integration of medical systems in India there is asymmetrical association, where Allopathic medical system dominates health system which leads to 'Bio-medicalization' of Indigenous systems. It also has led marginalisation and "subordination" [10] of Indigenous systems of medicine.

4. POLICY INITIATIVES FOR INTEGRATING ALTERNATIVE SYSTEMS

WHO acknowledge that there is significant demand for alternative medicine and its human resource worldwide [3-26]. Considering potential of AYUSH in terms of contribution to human resource for health, financial contribution, institutional resource allocation, acceptance and popularity in country and outreach of these services evident through Medical pluralism in India, 'Mainstreaming of AYUSH' was major strategy of NRHM (National Rural Health Mission) started in 2005[14]. With rising acknowledgement of contribution of these systems in recent time there are efforts for Mainstreaming of Alternative systems and revitalising local health tradition started under NRHM. Down the line NRHM adopted various strategies for mainstreaming which includes Physical integration by co-location, functional integration by absorbing in National programmes, up gradation of hospitals and dispensaries, formation of '*Rogi Kalyan Sameetee*' at AYUSH hospitals, setting of Health Information system and Public Private Partnership (PPP) in tertiary care hospital for providing AYUSH services .

Integration is combining with another to form a whole, in this sense it is not possible, as various systems of medicines have their own philosophies concepts of disease, medicine & treatment, methods of diagnosis, which has their own significance. Though at broader level there is scope for improving broader health system if we integrate various systems and acknowledge its value.

If integration does not occur properly or occurs disproportionately with influences of external factors, then specific medical combinations and formulas are preferred and propagated based on market gains. This kind of attitudes leads to degradation of pure knowledge of indigenous systems and negative impacts on these systems. E.g. in case of *Ayurveda* it is favoured more like nutritious product, food supplement like *Chawanprash* (Ayurveda product). Less focused on core subjects, as modern medicine subjects are taught with much interests diverting interest of students, weakening educational system of alternative systems in its pure form [12].

These systems have survived with various steps taken over period for 'modernisation of these systems' which has its own positive and negative impacts, and being victim of politics of this modernization by adopting new techniques, teachings, like allopathic medical system [13].

In the context of allowing Mixed practices in the name of integrating alternative systems there are efforts to accommodate AYUSH doctors in existing health services system. For that there was proposal of teaching allopathic pharmacology to homoeopathy doctors and including the same in curriculum which has been strongly opposed by Central council of Homoeopathy. This kind of modernisation has serious implications on various systems of medicine in pure forms. In the state of Maharashtra allowing homoeopathic doctors to practice allopathy has created threat to identity of these systems in its pure form [15]. Mere integration of AYUSH doctors in conventional health care systems with the hope of providing allopathic healthcare services cannot be considered mainstreaming of alternative systems, and this kind of integration is threatening towards popularity and promotion of these systems of medicine.

In the name of 'Mainstreaming' NRHM restarted integration of Ayush doctors by collocating in general health services system hoping towards improving availability of human resources for delivery of health services [14].

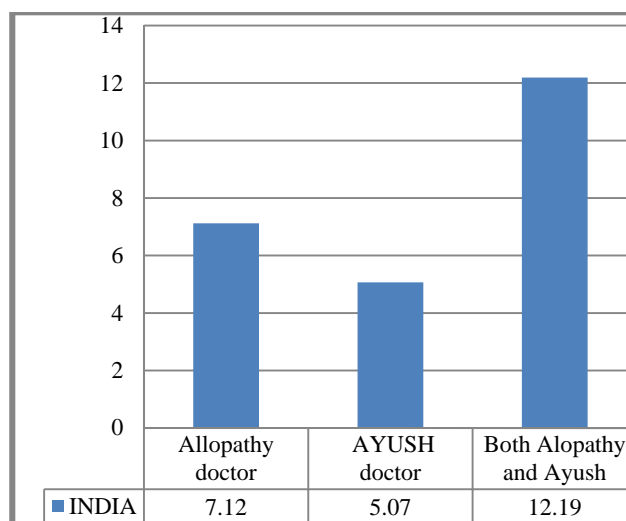
5. HUMAN RESOURCE FOR HEALTH

Human resource for health is comprised of doctors, nurses, paramedical staff, administrative staff, community level health volunteers which are equally important in functioning of health system. Each component has their designated roles, contribution and responsibilities hence on one hand efforts are being taken for increasing their number, providing training and building their capacities. On the other, there are rising needs of health system for such trained and skilled human

resources for health. Though India is producer of huge number of doctors, through 398 MBBS colleges, 305 BDS colleges, 260 BAMS colleges, 39 Unani colleges, 186 BHMS colleges and few more from other systems [16], still it lags much behind the globally recommended proportions when it comes to human resources for health in general and doctor population ratio in particular.

Additionally there are other issues regarding their distribution, rural- urban disparities, and willingness to serve in interior areas, their capacities and even quality for that matter [14]. Under the influence of these factors surplus human resource produced in some states like Maharashtra goes in drain, keeping health service system starving.

In Indian context along with allopathic doctors, there is comparable number of AYUSH doctors engaged in delivering health services to people which helps in improving doctor patient ratio (doctor per 1000 population), at national level and state level also [16]. As demonstrated in chart 1.1, where data of doctor per ten thousand population, acknowledge significant scope for contribution of registered AYUSH doctors national level. It suggests that there this comparable number of AYUSH doctors is available for serving general health services system which reflected in felt need of integrating them. Among AYUSH systems Ayurveda and Homoeopathy have leading contribution towards improving doctor population ratio if utilized efficiently.



(Source: Health profile of India 2015)

Chart 1: Estimated Doctor per 10000 Population ratio, 2015

Health profile of India 2015 documented that there are 938861, registered allopathic doctors (106415 among them are government doctors serving average population of 11528), 154436 dentists and 736538 Ayush doctors. This signifies that out of total 1829835 registered doctors 40.25 percent having Ayush background are available along with 51.30 percent Allopathic doctors. Ayush doctors consisting majorly

Ayurveda, Homoeopathy and Unani doctors with 54.28, 37.95 and 6.47 percentages respectively and rest is contributed by *Sidhha* and *Naturopathy* practitioners [16-200].

Estimated data (Chart 1) shows that there is significant scope of contribution of AYUSH doctors in improving doctor population ratio. In serving Indian masses, there has been substantial contribution of these Ayush doctors as there is paucity of allopathic doctors especially when it comes to serving in rural areas. Down the line there is need recognizing and utilizing this valuable human resource properly for improving health system functioning. But mere statistical equations won't change ground realities; rather there is need of sincere efforts without which it will fail to demonstrate effects as experienced in past.

Government of India recognised contribution of all these systems and rising interest towards mainstreaming AYUSH followed by initiated supportive mechanisms in the form of establishment of separate ministry in 2014 [5]. This scope is only valid if it has been utilized efficiently and effectively as efforts have been taken in the form of 'mainstreaming of Ayush' under NRHM and down the line NHM. With various issues at policy formation and implementation like lack in motivation, reluctance within health services system towards these system and resource allocation moreover health system failed to accommodate Ayush as a system of medicine to the mark. Mainstream health services system look Ayush doctors merely supplementing human resource and towards reducing administrative burden in implementing various health programmes like NRHM, NHM and performing non clinical tasks. This is evident through subordinate status provided to these doctors in terms of temporary recruitment positions, disparities in remunerations and less monetary benefits.

This kind of scenario demands for bringing change in attitudes of various stakeholders of health system aiming towards improving health status of population.

6. CONCLUSION

In the current discourse on medical education where Allopathic system is considered as modern system, it leads further subordination of alternative systems of medicine. Furthermore, these systems get impacted by degrading factors like low availability of resources, support & political will. It continued since colonial period where Allopathic system is designated as official system of the state which led to decline the scope for various other alternative systems. But popularity and demand for these indigenous systems has maintained them functional which have resulted in medical pluralism.

Within that scope, these systems have been effectively and efficiently helping people in preventing, treating and rehabilitating people suffering from various health issues. Each of them is providing health care efficiently through both private and public channels. Despite this the presence and contribution of alternative systems is not getting sufficient

acknowledge and consideration. Hence, the issue of effective channelization and utilization of available human resource remained unexplored.

Therefore, the effective inclusion change in policy attitude towards alternative systems of medicine and their integration in health system is needed which could help in resolving issues of quality human resource. Moreover it will also reduce the burden on existing health system, financial and administrative burden on government and it will help to come up with various cost-effective strategies to deal with the existing health problems. Hence there is need of taking advantage of this human resource and utilization, by looking forwards towards improving health care services system and down the line entire health system.

Notes

ⁱ *Prakruti* referred in Ayurveda for nature of body or composition. There are three type of personalities viz. *Vata*, *Pitta* and *Kapha* having different predominant compositions and dispositions towards health ailments.

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