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Promotion of indigenous systems of medicine in India

1. GENERAL INFORMATION

1.1 Title & practice or experience

Promotion of indigenous systems of medicine in India

1.2 Category & practice/experience and brief description

Official support given by the Ministry of Health of the Government of India to the development and promotion of Indian systems of medicine, including ayurveda, yoga, naturopathy, unani and siddha, has resulted in low-cost and culturally attuned medical-care options being offered to the public at large. Compared to other countries, both advanced and not so advanced, India is a country where the citizen can choose between at least six or seven functioning medical systems.

Though there is great respect for allopathic medicine, there is also great faith in the abilities of traditional medical healers and practitioners to treat chronic conditions and provide relief. Neither has such faith been so far misplaced, as ever-increasing allegiance to Indian Systems of Medicine (ISM) in the past few decades has shown. India, in fact, is one of the very few countries which very early on recognised their older, pre-colonial medical systems and financed their research and development.

Today, at the official level, several government-funded Councils oversee the standardisation and regulation of ISM while hundreds of medical colleges exclusively teach and train students and doctors in the theory and practice of ISM. The large number of well-developed institutions and indigenous health practitioners now associated with ISM and the services they render within the country are beginning to be recognised as providing a reasonably good option for public health administrators and planners, even as the medical system based on the Western allopathic system begins to show gross limitations and gradually moves out of the reach of the common people due to its exorbitant,

ever-spiralling costs. In other words, the investments made by the Indian political system in ISM are finally beginning to pay off.

1.3 Name of person or institution responsible for the practice or experience

Ministry of Health & Welfare, Government of India

1.4 Name and position of key or relevant persons or officials involved

Additional Secretary (Health) or Joint Secretary, or Director (Indian Systems of Medicine), Ministry of Health & Welfare

1.5 Details of institution

(a) Address: Nirman Bhavan, New Delhi 110001, India

1.6 Name of person and/or institution conducting the research

Claude Alvares, Editor, Other India Press

1.7 Details of research person/institution

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2. THE PROBLEM OR SITUATION BEING ADDRESSED BY THE PRACTICE/INNOVATIVE EXPERIENCE

India, like several other countries of the South, has a medical setup which is dominated by the Western allopathic system of medicine with its heavy dependence on high-tech equipment and serviced by a drug market controlled largely by multinational drug corporations. This system was imported during colonial rule and initially, its practice was kept aside exclusively for the ruling class. Today, that bias remains, as most allopathic doctors prefer to practise in the urban areas and avoid rural practice, if they can, altogether. Increasingly, the question that is being asked today is whether this allopathic system, with its emphasis on the curative approach and its dependence on capital-intensive technology and invasive techniques, including expensive drugs, can ever hope to meet the basic health needs of the Indian population, particularly those

with not much money in their pockets.

This is but one aspect. The other is the growing disillusionment with allopathic medicine itself as a theory of health and disease. It is now becoming apparent to large classes and masses of people that allopathy is often powerless in curing illness or preventing people from dying. Many patients patronise it simply because it is the dominant system, not because they are confident of gaining any relief. In fact, allopathic-based treatment often adds to the cost of living and succeeds equally often in turning death into an expensive process as well.

The result of this realisation has been a fairly large-scale conversion of people from allopathy to other 'pathies', aided in no small measure by recent books on ayurveda like those written by the best-selling author, Deepak Chopra. Like other Asian countries with long civilisational histories, India too has had a fairly well-organised system of medicine, known as ayurveda, which is several centuries old. Other traditional systems which developed a little later (but which are equally ancient) include siddha and unani. The Indian tradition of health care has also promoted several non-drug therapies like yoga (as old as ayurveda) and naturopathy (fairly recent). The system of homeopathy is also quite widespread within the country.

With the exception of homeopathy, which originated in Germany, and naturopathy, all these systems of Indian medicine have continued to maintain deep-seated roots in the scientific and cultural traditions of this country and have provided cost-effective and efficacious health care to its populations through the centuries. We can confidently assert that if they have proved useful for the survival of these societies for over 5,000 years, they can provide a similar function both today and tomorrow.

Because of the impact of colonialism (which looked down on traditional systems of medicine), very little was actually done to either support or promote such medical systems while India was under foreign rule. On the contrary, efforts were made to deride them and drive them out of existence. This policy changed somewhat after the Indian independence movement gained strength in the thirties. Largely as a result of the Swadeshi agitation, the National Planning Committee (NPC) set up by the Indian National Congress in **1938** took a decision to absorb practitioners of ayurveda and unani systems into the formal health setup of independent India.

In 1946, the Health Ministers' Conference adopted the NPC proposals and resolved to make appropriate financial allocations for:

- (a) research, based on the application of scientific methods, in ayurveda and unani;
- (b) the establishment of colleges and schools for training in diploma and degree courses in indigenous systems;

- (c) the establishment of postgraduate courses in Indian medicine for graduates in Western medicine;
- (d) the absorption of vaidas and hakims as doctors, health workers etc, after scientific training where necessary; and
- (e) the inclusion of departments and practitioners of Indian medicine on official boards and councils.

As a result of the Conference resolutions, the government set up the Chopra Committee 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. In other states, however, pure ayurveda colleges were also established.

Eventually, the support for integrated colleges declined while pressure for pure ayurvedic colleges increased. Ayurvedic practitioners and supporters of ayurveda generally pointed to the popularity of indigenous practitioners; the higher cost of integrated colleges due to the expensive equipment required to teach Western medicine; the tendency to spend too much time on allopathy; the availability of indigenous graduates for rural practice and finally, the inherent incompatibility of the two systems. Eventually, the supporters of a pure system of education and training for ayurveda 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.

Today, ISM has expanded considerably and it will not be too long before its practitioners demand equal, if not better, treatment from the government. Thus, the Indian government's policy of commitment to the development of the Indian systems of medicine is a rather outstanding example of the efforts of one nation in the South not only to reclaim its cultural heritage but also to make available several functional (and cheaper) options of health care to its population in addition to the imported allopathic system.

3. DESCRIPTION OF THE PRACTICE/INNOVATIVE EXPERIENCE AND ITS MAIN FEATURES

Immediately after independence, the Indian government set up several high-level committees to advise it on the course of action it should adopt in relation to **ISM**. The government had already decided to provide organisational support for the development of these systems of medicine. At the Central Government level, overall charge of ISM was assigned to the Union Health Secretary himself, assisted by an Additional Secretary (health), Joint Secretary, directors, advisors and deputy advisors. This was the bureaucratic setup, fairly conventional by the prevailing standards, but yet, if one considers the context, significant. For the educational aspects, the government first set up two new Councils. These bodies were given the task of regulating educational standards and professional practice among indigenous and homeopathic practitioners. Both these Councils were established by an Act of Parliament with full financing from the Central Government. These two Councils are:

- (a) Central Council for Indian Medicine, Jawaharlal Nehru Bharatiya Chikitsa Avum Homeopathy Anusadhan Bhavan, No. 61-65, Institutional Area, Opposite D Block, Janakpuri, New Delhi 110058; and
- (b) Central Council for Homeopathy, Jawaharlal Nehru Bharatiya Chikitsa Avum Homeopathy Anusadhan Bhavan, No. 61-65, Institutional Area, Opposite D Block, Janakpuri, New Delhi 110058.

Today, the country has over 1 million homeopathic practitioners while some 220 colleges turn out around 9,000 graduates in ISM every year. As per 1994 estimates, India has almost 240,000 registered ayurvedic practitioners, 12,000 ayurvedic dispensaries, 1,452 hospitals and 100 postgraduate colleges.

As for research into ISM, the government first set up the Central Council for Research in Indian Medicine and Homeopathy in 1969. The Council guided and supervised research through its five technical advisory boards. This body, however, was dissolved in 1979. In its place, the government decided to set up Central Councils along the lines of the Indian Council for Medical Research. Though these were set up under the Societies Registration Act, they were financed totally by the Government of India. These apex bodies are listed below:

- (a) Central Council for Research in Ayurveda and Siddha, Jawaharlal Nehru Bharatiya Chikitsa Avum Homeopathy Anusadhan Bhavan, No. 61-65, Institutional Area, Opposite D Block, Janakpuri, New Delhi 110058;
- (b) Central Council for Research in Unani Medicine, Jawaharlal Nehru Bharatiya Chikitsa Avum Homeopathy Anusadhan Bhavan, No. 61-65, Institutional Area, Opposite D Block, Janakpuri, New Delhi 110058;

- (c) Central Council for Research in Homeopathy, Jawaharlal Nehru Bharatiya Chikitsa Avum Homeopathy Anusadhan Bhavan, No. 61-65, Institutional Area, Opposite D Block, Janakpuri, New Delhi 110 058; and
- (d) Central Council for Research in Yoga and Naturopathy, Jawaharlal Nehru Bharatiya Chikitsa Avum Homeopathy Anusadhan Bhavan, No. 61-65, Institutional Area, Opposite D Block, Janakpuri, New Delhi 110058.

In addition, two laboratories were also set up for the investigation of pharmacopoeia traditionally used by practitioners of ISM. These are:

- (a) Pharmacopoeia Laboratory for Indian Systems of Medicine, Kamala Nehru Nagar, Ghaziabad (Uttar Pradesh); and
- (b) Homeopathy Pharmacopoeia Laboratory, Central Government Office Complex, Kamala Nehru Nagar, Ghaziabad (Uttar Pradesh).

The Central Government also set up four National Institutes for specific research into different systems of medicine. These were set up under the Societies Act and with full Central Government funding support. These are:

- (a) National Institute of Homeopathy, Block-GE, Sector-111, Salt Lake, Calcutta 700 091;
- (b) National Institute of Ayurveda, Amar Road, Jaipur (Rajasthan);
- (c) National Institute of Unani Medicine, Bangalore; and
- (d) National Institute of Naturopathy, Pune (Maharashtra)

This elaborate structure is also reflected more or less in the different states of the Indian Union where separate Directorates of ISM have been set up by respective state governments.

In terms of education, there are today a large number of institutions which train doctors in these systems of medicine. The practice of these systems of medicine is also supported by a large number of teaching hospitals and general hospitals. Thus, there are separate ayurvedic colleges and ayurvedic hospitals. Thus, India has a very large infrastructure developed for research and development and expansion of ISM which is truly unique and has not been duplicated in any part of the world. The citizen in India is free to utilise any system of medicine for relief and employers are directed to accept health certificates signed by registered practitioners from any of the medical systems.

4. DESCRIPTION OF THE INSTITUTION RESPONSIBLE AND ITS ORGANISATIONAL ASPECTS

There are two aspects to the organisation of ISM in India. First is the formal setup initiated by the Government of India, Ministry of Health, and the various state departments which is bureaucratically organised and has resulted

in official recognition of the status of these systems. The organisation of the various systems and their formal structure have already been described above in some detail.

The second aspect is the private initiatives which also promote research and development in these systems. There are a large number of privately endowed institutions all over the country which promote one or the other system of ISM and if they were all put together, then it would easily emerge that the ISM establishment in India is very large and provides useful medical services. These institutions are usually run by trusts and other public-spirited organisations too numerous to mention. Some of them, in fact, offer better health care than those institutions of ISM under government control.

5. PROBLEMS OR OBSTACLES ENCOUNTERED AND HOW THEY WERE OVERCOME

There are several problems associated with the promotion and expansion of ISM.

The indigenous systems are still not given the kind of financial and political support available to the dominant, imported system of allopathy even though they have proven to be equally good and effective systems and are patronised regularly by millions of people in the country. This bias against ISM is very much a part of the colonial hangover which encouraged people to disown such systems and opt for imported knowledge. For instance, the financial outlay for ISM and homeopathy in the first five-year plan (1951-56) was less than 1% of the total outlay on health. This increased to 4% of the total outlay in the third and fourth five-year plans. By 1985-90, this had dropped once again to less than 1.3%. This was despite the fact that the National Health Policy formulated in 1985 assigned an important role to ISM in the delivery of primary health care.

There are also several problems related to the practitioners of ISM. The dominance of the allopathic system is bound to take its toll in so far as the weaker systems tend to imitate the dominant system in outward form and appearance. Thus, some ayurvedic practitioners are known to prescribe antibiotics. This kind of practice has now been banned by the Indian Supreme Court, which has restricted medical practice to the system in which the practitioner has been trained. (However, several allopathic physicians now routinely recommend yoga, homeopathy and other non-Western systems to their patients as well, particularly for chronic ailments for which allopathy has no cure.)

Another problem is the tendency of ayurvedic manufacturers to imitate the allopathic form of health treatment which relies heavily on drugs and ton-

ics and other ingested aids. This is reflected in the large number of ayurvedic drugs also appearing now in the form of tablets and tonics.

6. EFFECTS OF THE PRACTICE/INNOVATIVE EXPERIENCE

The Central Government's patronage of ISM has had two social welfare benefits:

- (a) It has made available low-cost, efficacious health care to a very large part of the population which recognise such medical systems as part of their own cultural traditions. In many areas, ISM have been the only form of medical care available, particularly in rural areas where doctors trained in allopathic medicines are loathe to go.
- (b) The patronage given to ISM has also enabled these traditions to survive and led to the emergence of a very large bureaucracy which now has a stake in the perpetuation and expansion of these systems. These systems are also addressing the failures of allopathic practice: people do not despair when allopathy cannot help them beyond a point because they feel they have other equally good and effective options.

7. SUITABILITY AND POSSIBILITY FOR UPSCALING

Not applicable, since this is a policy matter and not a technology or practice in the strict sense.

8. SIGNIFICANCE FOR (AND IMPACT ON) POLICY-MAKING

Fortunately for India, the promotion of ISM has remained a firm policy of the government, which provides not only legal but also financial support. However, due to the influence of the allopathic professionals on the design of health care systems, earlier recommendations regarding the incorporation of indigenous practitioners into the national health services were simply not followed through.

It was only after the early 1970s, when concern was voiced in the World Health Organisation (WHO) Assembly debates that existing health services in countries like India were not meeting the needs of the majority, that some changes became possible. One was the adoption of the primary health care model which focused on developing community participation through the involvement of locally acceptable people like practitioners of traditional medicine. The second was a joint UN Children's Fund (UNICEF)/WHO study which also recommended the mobilisation and training of indigenous practitioners (including traditional birth attendants or dais).

In 1977, with the launch of the Community Health Worker Scheme, a fresh impetus was given to the attempt to involve rural, institutionally non-qualified, traditional practitioners as voluntary, paramedical community workers. At the same time, serious efforts were also made to base primary health care strategies on the use of indigenous plant drugs grown in local herbal gardens.

The promotion and support given to ISM has led, in a certain sense, to a restriction on the wholesale expansion of the allopathic system. It has also provided an important option for the not-too-distant future when even more limitations of the allopathic system are bound to become manifest and during which time more and more allopathic services are bound to go out of the reach of the common man due to spiralling costs. When that time comes, Indians at least are going to be grateful that there are other equally efficacious health systems round the corner.

9. POSSIBILITY AND SCOPE OF TRANSFERRING TO OTHER COMMUNITIES OR COUNTRIES

A proper study of the policy of the Indian government regarding ISM, particularly its strengths and weaknesses, would enable important lessons to be learnt regarding the reclamation of indigenous health traditions and systems of knowledge in other countries. The Indian innovation has been basically in terms of a strong policy decision taken at the highest level to protect indigenous knowledge systems. Having served the cause of society for several centuries, these indigenous systems are now being undermined by the dominance of the expensive allopathic system imposed during colonial rule. With this innovation, it is hoped that they will now go on to serve the needs of society for several centuries more.

There is significant scope for other countries (both developing and developed) to learn from the Indian policy of encouraging the co-existence and development of alternative health-care systems, as well as to study the ways in which the different systems are operating. The Indian experience can provide valuable insights into the combination of modern (allopathic) and traditional systems of health care and medicine in policy and practice, that would be relevant for other developing countries.