THE NEED TO GET OVER THE COLONIAL HEALTH POLICY

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ABSTRACT: India has a rich indigenous medical heritage. However, even after fifty years of independence it has not been given its due place in national health care delivery. This article argues strongly for evolving a nationalistic health policy.

INTRODUCTION

Despite having a very rich and sophisticated indigenous medical heritage, the mainstream health services in India today, both in the public and private sector are based on western bio-medicine. Whereas western bio-medicine has its well known medical strengths and may have a place in a national system of health care, it is certainly inappropriate to introduce it as the most dominant element of India’s public health system.

This paper traces the history of how this happened. It points to the skewed nature of the social contribution of western bio-medicine in India and on the other hand it shows the strengths and potential of the traditional systems of Indian medicine. The paper draws interesting conclusions related to science, culture and politics.

Dismal state of public Health care in India

Western bio-medicine was first introduced in the country in the middle of the colonial era. Today, curiously enough it is the dominant state funded medical system and also has a high investment of private capital. How did this happen?

There are several explanations given to rationalize this curious situation. The most simplistic explanation is the one that contends that western bio-medicine is the most evolved form of medical knowledge and therefore a superior replacement to the inferior indigenous medical traditions, this contention can be dismissed quite simply because there has not been conducted in recent times any comprehensive assessment of the efficacy of non-western medical systems in their own light, nor has there ever been attempted a “comparative study” of the relative efficiencies of the traditional systems of medicine versus western bio-medicine.

Sociologists have also written other explanations which add up to a great deal of nonsense about the static, stagnant and unchanging nature of the medical traditions, ignoring the facts of their continuous evolution in their own diverse cultural contexts.

The most realistic explanation for the continued domination of the alien system of western bio medicine in India appears to be its economic clout and its “effective” political patronage. The British created such a powerful network of education and economic institutions with both domestic
and international interests to support western bio-medicine that it has been very difficult to undermine its dominant role.

From a societal point of view, facts show that western bio-medicine in India has a definite bias towards serving the rich rather than the poor, and serving the urban areas rather than the rural areas. The reason for this bias is perhaps related to the high infrastructural and management costs of this system of medicine and its dependence on foreign technological inputs historically the bias may also be rooted in the fact that the political class the first introduced and accepted western bio-medicine in India was the British military and administrative elite and their Indian middle and upper middle class urban collaborators.

The urban bias of western bio-medicine is evident from the fact that 74% to 90% of the hospitals in India (located in urban areas, whereas over 70% of the population lives in rural areas. Educational courses and admission to medical schools in western bio-medicine also reveals high orientation towards specializations (rather than public health) that can only be practiced in a few cities and towns of India. The urban focus of western bio-medicine is also borne out by health expenditure statistics for both the public and private sector, which show that 70-80% of the capital and recurrent expenditure is incurred on urban medical establishments. Today 300 million people who live below the poverty line in India derive no benefits at all from the so called “modern”, health sector.

Furthermore health services in both rural and urban Indian are today for various reasons getting in effect privatized. Only 20-30% of the population gain access to the state-managed health services. The majority is forced to use private health services available in the market. This makes health care very costly for a large number of people and it is for this reason that the most common causes of indebtedness of the weaker economic is on account of health – related expenditure.

**Gaps in rural health care**

The official state-supported rural health services are present are also mainly based on the western system of medicine. Although India has in fact established an impressive infrastructure for primary health care in rural areas viz.

a. One rural hospital for every 100,000 population  
b. Primary health centres (PHC) for every 20,000 population  
c. Primary health Units (PHU) for every 5000 population  
d. Trained health workers for every 1000 population.

There do remain wide gaps in respect of access and quality of health services.

The ground reality based on micro studies is that this rural public health system covers at best only 30% of the population and in certain mountainous regions the coverage is as low as 3% health planners believe that the country cannot afford to invest in more intensive infrastructure and in terms of performance the present coverage is unlikely to dramatically improve, the critical question that has arisen is how can Indian provide “health for all” to its 600 million rural population.

**Skewed national planning**

A large part of India’s post independence efforts in planning for establishing a viable public health delivery system in urban and rural areas has been severely hindered by
what has been perceived as an acute dearth of resources of all kinds. This perception of resource shortage has had such a debilitating effect on all our thinking and planning that even at the level of conception, most of our plans for development have never looked bold and courageous, even after fifty five yours of independence we have still not been able to provide a clean environment simple housing nutritous food, safe drinking water and basic medicines to all our population. We cannot think of extending our health care system adequately apparently because we lack the means to invest in infrastructure, drugs vaccines etc. at affordable costs. It therefore appears that may further expansion of our socio-medical plans seems nearly impossible as we simple do not have the necessary resources.

With the present approach our plans to substantially raise health standards is dependent critically on technology and resources external to India. There is connected with the current image we have of what comprises resources for development, the belief that improved health services can only be achieved with modern drugs, hospitals and sophisticated western technology. Under such an assumption it is quite clear that there may be no way in which we can think of “health for All”.

A Living Heritage

But this no win picture can be very much changed if and only if we include in our plants the huge number of traditionally trained human resources, proven indigenous medicines and methods both practical and theoretical, which have been evolved for managing health care in our own culture, in this scenario then the resource scarcity position on the health care front may not appear as barren or bleak as it seems at present.

India has one of the oldest, richest and most diverse health traditions associate with the use of medicinal plants, The remarkable fact is that it still a living tradition. This is born our by the fact that there still exist around a million traditional village-based carriers of the herbal medicine traditions in the form of traditional birth attendants, bone setter, herbal healers and wandering monks. A part from these specialized carriers there are million of women who have traditional knowledge of herbal home-remedies and of food and nutrition. All these rural traditions make up the “folk medicine” stream of the Indian medical heritage.

Complementing the village based carriers, there are over 400,000 licensed, registered medical practitioners of the codified systems of Indian medicine like ayurveda, siddha Unani and the Tibetan system of medicine.

The codified systems have sophisticated theoretical foundations and there are hundreds of medical texts in the form of Nighantus (Lexicons) and texts on Bhaisaj Kalpana (Pharmacy) that specifically deal with plants and plant products.

Sophistication of Indigenous traditions

There is a an enormous variety of knowledge resources, means, methods and skills that our people have gained through our cultural heritage both in the folk as well as codified streams, if we learn to draw on this resource we can make marked contribution to all our social construction efforts particularly in health sector. The illustrations that highlight the evolution and scope of the Indian medical heritage are given below:

Ayurveda
Ayurveda is the mainstay of our codified traditional systems of medicine alongside other regional and national systems like siddha, Tibetan and the Unani system of medicine. The scope of ayurvedic medicine is comprehensive and covers all aspects of medicine.

Today ayurveda and other systems of traditional medicine apart from their contribution to preventive and promotive health because of their holistic approach are contributing to curative health in several specialty areas viz. muscular and nervous disorders, prenatal, antenatal and neonatal care health conditions related to GI tract, skin and respiratory disorders, ophthalmology orthopaedics and mental diseases. In recent years people are also turning to ayurveda for help in cases of cancer and AIDS.

Some specializations

A little known fact is that the siddha medical tradition of India has a specialization dealing with acupressure (Varma kalai or marma). There is historical evidence of medical interaction and exchange between china and India in this field. 122 Accupressure points are known in the siddha tradition. Acupressure is used for treating a range of muscular and nervous disorders.

Surgery

It has probably been forgotten their the world’s first treatise on surgery was the writings for an Indian surgeon sushrutha in 3-4 century BC. He wrote the text “Sushrutha Samihita” Despite its antiquity the sushrutha tradition is still alive and is used by Indian medical students.

In historical literature, the caesarean section is noted to have been first practiced in India around the 5th century BC. This is an indication of the strong foundations of Indian medical traditions.

Scope of folk medicine

The richness and diversity of the folk traditions in India are still intact. The incredible skills in the folk tradition can be seen in the case of ‘Plastic surgery’ that was practiced by a community of potters and documented in 18th century by the British.

Another suprising area of strength of folk medicine was in the management of the dreaded small pox. One of the big achievements of modern medicine in India is claimed to be the eradication of small pox.

It is said the prior to the introduction of Jenner’s vaccine in India by the British, small pox was incurable and thousands of people had to die because of the absence of effective management for small pox in the Indian tradition. This appears to be a ‘life. The British had in fact done a detailed documentation of the technical efficacy of an indigenous method of inoculation for small pox that was prevalent before the introduction of Jenners vaccine. Of course a vaccine is a different technique form an inoculation but the point is that the efficacy of the indigenous Indian inoculation was of proven value and thus provided and effective protection to the Indian population from small pox much before the European vaccine.

It would not be wrong to speculate then, that the high of small pox epidemics in all parts of India during the 19th and early 20th centuries could be attributed in part to the government’s ban on indigenous inoculation in 1804.

Today the folk orthopaedic tradition which has over 60,000 carriers stands out as
testimony of the contemporary skills of folk healers, folk bone setters can be seen in ever cluster of 25 villages all through the length and breadth of India, their skills range from management of primary fractures and dislocations to reducing compound fractures with open wounds, it is also common to see an club foot of children being put straight without surgical interventions by folk orthopaedicians.

The traditional birth attendants in Indian handle over 90% of rural births in the country. Their skills in practical obstetrics are known through their ease in management of many abnormal conditions like breach delivery, lateral presentation of foetus and relatively simpler conditions like umbical chord round the neck etc.

**Rich Ethno- biological resources**

Apart from its medical knowledge, the Indian tradition has an impressive material-medical, Over 7500 species of plants hundreds of animals insect, marine and a range of organic and inorganic materials, metals and minerals that are estimated to be used by 4635 ethic communities for human and veterinary health care across the various eco-systems from the transhimalayas to the far corners of the north east, in the codified medical texts of Ayurveda a recent study enumerates around 1,700 species of plants that are fully documented in terms of their biological properties and actions and over 10,000 herbal drug formulations that are recorded for a range or health conditions from a common cold to raising of the body’s general immunity.

There has in fact been traditional use of plants not only for human health but also for veterinary use (there are medical texts that deal with the treatment of cows horses, elephants and birds) and plant health (Vrksh-ayurveda and Krsi-sastra)

**Distinct foundation of Indian knowledge**

It may be worth observing that knowledge of the Indian people about plants and plant products in not based on the application of western categories of knowledge and approaches to studying natural products like chemistry and pharmacology. It is based on a sophisticated, indigenous knowledge category called “Dravya Gun shastra” Unfortunately due to lack of rigorous cross cultural studies and in fact in the absence of a well accepted methodology for such cross cultural study-there exists no reliable bridge to cross over from chemistry and pharmacology to “Dravya Gun shastra” or vice-versa.

Ayurveda has a very sophisticated conception of health (swasthya). The term “Swasthya” or health means to be in perfect equilibrium of body and mind at various functional levels.

Ayurveda pharmacology consists of a sophisticated method of in vivo testing of drugs that are studied at four stages of their ingestion. This scheme allows for the overall systemic effect of any plant drug to be known in terms of its effect on physiological balance (Doshas), on body tissues (Dhatus) and on the excretory system (malas).

**Decline of traditional Medicine**

As mentioned at the start of this paper, after their encounter with the British colonial government, the Indian medical traditions have suffered on account of economic and political discrimination. There are several striking examples that illustrate this discrimination the Indian tradition of small
pox treatment was officially banned by the British in 1805 on the ground that it was ‘unreliable’ this ban was apparently guided by economic and political reasons rather than medical logic.

The western bio-medicine based leadership and institutional infrastructure with its heavy investment and global links that Indian inherited at the item of her independence in 1947 made it almost inevitable that the post-independence government would continue to build on the edifice created by the British, although the Indian government had the radical political option of dismantling the health service infrastructure created by the British, it chose not to It provided lisper to the indigenous systems and proclaimed them to be equal in terms of health policy to western medicine. However, only a tiny part of the national health budget and a fraction of private capital was provided for their development.

In the 20th century the political and economic discrimination against traditional non-western systems of medicine continues not only in India but world-wide. This is clearly reflected in eh case of the Indian medical systems in the colonial and post colonial period and also in the current nature and levels of support to traditional systems of medicine by international bodies like the WHO.

Science and culture.

In a strangely perverted way the struggle oaf Indian and other non-western societies to establish a legitimacy for their traditional health cultures in confronted and opposed by the great global power of western science which declares traditional medicines to be irrational and unscientific. This judgment is totally without basis because there has been absolutely no attempt made or even as epistemologically valid method evolved, for evaluating the indigenous systems of medicine.

A major problem essentially political in nature that non-western societies in the colonial and neo colonial era have had to contend with in any serious evaluation of their indigenous sciences is the common claim of all western scientists and philosophers that, after all, science is one, universal and unique’. Thus, while it may be possible to conceive of alternative methodologies, theories and practices in other domains of human knowledge and experience, such as music linguistics logic art and politics there is no such possibility with regard to science, beginning with this epistemological position, it is impossible to initiate a debate on alternatives in science for the very idea is dismissed as an absurdity and given the continuing domination of the west, non-western societies are left with no option but to accept modern science and technology as the universal, well established system and to derive legitimacy for their own traditional systems by demonstrating how well the latter conforms to the methodology theory and practice of the former.

In a cross cultural context “International co-operation in science” does not exist. Chinese, India, African south American and western scientists are all members of the same science club. Although scientific institutions have been established in different geo-cultural regions, their scientific work is completely insulated form their own indigenous cultures.

There is thus for all those concerned about cultural diversity’ and civilizational evolution, an urgent need to make a serious effort to evolve a new approach to the question of alternatives in science.
CONCLUSION

India has been operating within a very limited set of borrowed western ideas and models which have proven quite inadequate to the task long ago. It is very plain and clear to see that the real scarcity is of creative ideas and imaginative vision inspired by our own cultural strengths.

In a nutshell, we have laboured under the severe yoke of resource scarcity largely because we did not recognize the existence of a large indigenous and traditional resource base with our people.

A balanced assessment of the contemporary relevance of traditional medicine in India, would suggest three key areas of potential contribution viz (a) 100% self-reliance in primary health care for rural communities, (b) boost to national economy through growth in natural product industry related to medicine (human and veterinary), cosmetics food and agriculture and (c) original contributions to world of medicine in areas like drugs, disease management diagnosis, promotive health geriatrics mother and child care.

The struggle for retaining the integrity of cultural diversity in our society with respect to health care is actually a struggle against new-imperialism and curiously enough one part of the struggle is also a struggle against the hegemony of science. Science can continue to be respected as a knowledge system—but it cannot claim to be the presiding deity and ultimate authority for evaluating other knowledge systems.

Many myths created by sociologists in the 19th century regarding the phenomenon of tradition and modernity need to be set aside.

There is a very urgent need to resist the non-culture being thrust upon all non-western societies more strongly today in the form of liberalization and globalization, which appears really to be a conscious strategy for continued cultural, political and economic domination of the world.

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