ROLE OF ALTERNATE MEDICINES IN TOTAL HEALTH CARE

T.M. SREENIVASAN

Biomedical Engineering Division, Indian Institute of Technology, Madras – 600 036, India.

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ABSTRACT : Medical therapies of various kinds practiced round the world have the role of reestablishing a homeostatic balance in an individual. Both the scientific community and populace at large take it for granted that Western (or as it is called, Modern) medicine is scientific while traditional medicine as unscientific and purely empirical, while the first idea may be partly true, the second attitude is completely false. The choice of a medical technology-be it modern medicine, Ayurveda, acupuncture or any other natural or man-made technology-should rest with the society depending on the technology’s efficacy for the particular disease in question, its immediate availability, cost effectiveness, psychosocial acceptance etc. several countries in Europe have kept their doors open for different medical technological choices to their population. In India, an attempt is made to provide support through reimbursement-to complimentary technologies in medical therapeutics.

Western medicine is export-oriented, expensive and socially foreign to the majority of our patients. It is unavoidable and extremely useful in critically ill patients. However, for a large variety of chronic disorders, complimentary medical technologies are both inexpensive and patient oriented. It is necessary to judiciously blend modern medicine with ancient technologies so that an effective medical umbrella is provided to our heterogenous population.

Introduction

The practice of medicine has had a chequered history. A primitive society had always referred its psychosomatic problems to chosen men within itself. However, the mode of selection of these practitioners have been different in different times. Initially, possibly, the knowledge of health and ill health was handed sown in familial was; later establishments of the extension of this knowledge and its practice by a group of individuals in a society who had the necessary traits for engaging themselves in these social services. We had various schools in India, China and Tibet wherein this practice was prevalent, the knowledge of the physical world was codified and preventive and curative medicines were practiced. There were excellent medical institutions in ancient Tibet and exacting standards were expected of the lama who passed out of these monasteries. In India, books were written (the classics of Caraka and Susruta) and these were in course of time, translated, enhanced in scope and content by various authors both near and far. However, there were at all times a social
approval-based on current knowledge and ethics-to practitioners of the art of healing. Be it a post-vedic practitioner, Voodoo man of African highlands, medicine men of American Indians or the local practitioner of Acupuncture, each had a tacit support ad approval of he society which he served to the best of his competence.

The last hundred years have seen tremendous changes in both the quantity and the quality of medical knowledge. Out went the traditional medicine and in its place this Modern or Western Medicine has come with a big bang. The reasons for this sudden dethroning of traditional medicine are many. The western medicine was brought by the conqueror to the conquered. The educational pattern was built to accept the Western medicine without question. The government and the elite fell to this well laid plan of accepting western medicine as Modern medicine and equally ancient medicines ad unscientific. Some dramatic demographic pattern did aid in this process decreasing infant mortality due to profilactic inoculations and decrease in the incidence and spread of communicable diseases. The result was imposition of ‘Foreign’ medicine and development of a cadre of medical practitioners who were ‘qualified’ to practice and the advice population at large. However, the readers should know that inoculations were practiced in India with considerable success long before Edward Jenner and containment of diseases in the last fifty years, is more due to increase in communication (of knowledge and processes of disease spread) rather than a conceptual change in the preventive measures¹. Lewis Thomas in his delightful book ‘The lives of a cell, enumerates the present medical technologies available in the West which is being poorly emulated in our own country. The modern medicine falls under three broad categories.

1. Nontechnologies which do not alter the course of diseases nor their outcome. These do not measure and understand nature of diseases themselves, they are simply supportive therapies. These are diseases such as therapies. These are diseases such as terminal cancer, severe rheumatoid arthritis, multiple sclerosis, stroke etc. here, we have a large class of diseases for which effective technologies are not available and the time of the medical and paramedical professionals are involved for reassuring and caring for the patient.

2. Halfway technology which does nothing to stop the course of a disease but simply supports the functions-sometimes the vital functions- as long as possible. The examples here are transplantation of the heart, the kidney, liver and the invention and use of artificial organs. This is a high technology area of public appreciation and awe but is ‘at the same time highly sophisticated and profoundly primitive’, since this does nothing to throw light on underlying mechanism necessary for prevention of the disease. Unfortunately, the Indian biomedical scientists are attempting these technologies whose cost is
prohibitive and hence is available only to the rich and the powerful.

3. High technology medicine not because of its spectacular possibilities but due to the utilization of the nature and course of the disease and its prevention. Unfortunately, this attracts least public notice. These are immunization against a large number of pediatric communicable diseases and use of antibiotics and chemotherapy for bacteriological infections. This is the type of western technology that is of great help in containing and ultimately eliminating these diseases.

The Impact of Modern Medicine

In his book ‘Limits to Medicine’ Ivan Illich has very effectively argued that in the decline of mortality and morbidity for ‘Classical’ diseases such as pneumonia, TB etc., modern medicine has ‘played a minor and possibly insignificant role’. Of course, in tropical countries, this may not be entirely true. Large scale immunization and chemotherapy has reduced the incidence of a large number of communicable diseases, a recent one being the elimination of smallpox from the entire globe. However, elimination of other diseases such as TB can be achieved only through public health measures such as clean environment and potable water supply.

The most disturbing byproduct of the Western brute force medicine is iatrogenic or drug induced maladies which are as difficult to treat as the original disease itself. The tragedy of thalidomide babies is well known. These are the consequence of intake of tension – reducing drugs by expectant mothers resulting, in many cases, babies which had fingers and toes attached directly to the torso. Apart from these clinical problems, there are also social and cultural iatrogenesis due to the practice of foreign medicine in an alien soil. The present Indian medical professionals can hardly speak the local languages and are hardly aware of the rural culture of the patients; thus a social and cultural alienation has been brought about between the patients and practitioner of medicine which will not contribute positively to the management of psychosomatic diseases that are socially based and culturally precipitated.

Fortunately, for us in India, things are not as bad as in several other third world countries in spite of all impositions, traditional and even Western medicines of unconventional types are thriving, thanks to nameless thousands who have alleviated the suffering during the last five hundred odd years of darkness in the remote recesses of India. We have thus, practitioners of Ayurveda, Unani, Homeopathy, yoga, Naturopathy, faith healers and not the least, exorcists. Out pops the inevitable questions – what is the role of all these various alternative medicines in the prevention of disease and promotion of positive health to a heterogenous population? Are they scientific, who should practice them what should be the legal implications of malpractice, should the Government sponsor and support them and finally should the Government reimburse the public who resort to these methods of cure. We shall see
briefly some of these implications and hopefully recommend a framework for working out the details.

**Complementary medicine**

The World Health Organization, during its deliberations at Alma Ata in 1978, defined health as a holistic, psychosomatic state of a person rather than simply a lack of diseases. This understanding namely, well-being of both the mind and the body-is very essential in the present context of psychological disorders grossly outstripping the purely somatic diseases. WHO also mentioned specifically that the member countries, especially those with long and well-proven past should turn to their traditional medical resources for attaining the objective of Health for All’ by the year 2000. It has turned to two major countries in this region, China and India, to effectively take care of the health needs of their population (which by itself constitutes half the inhabitants of this planet, through a judicious combination of traditional and western medicines, the reasons for this approach are not far to seek. The western medicine is technology oriented. Expensive, doctor centred and basically foreign. The traditional medicines are mostly local, patient centred, inexpensive and most importantly noniatrogenic. Further, the unending quest for more effective drugs is not inbuilt in the traditional system. However, it is not only the traditional medicine that is recommended by WHO. It is a complement to Western medicine that is envisaged consisting of a variety of techniques and technologies: acupuncture, ayurveda, anthroposophy, chiropractice, healing, herbalism, homeopathy, hypnotherapy, naturopathy, osteopathy, unani, yoga practices etc.

There is no survey conducted in this country to determine the number of practitioners of these healing arts. Even a rough estimate can be quite inaccurate. However, in some of these areas, the Government of India has taken the initiative in setting up several Councils under the health department. Thus, we have a council for Ayurveda, a Council for Unani an Siddha and a council for Yoga and Naturopathy. There are some 200,000 registered Homeopathic practitioners, possibly an equal number of Ayurvedic Unani and Siddha practitioners together. There are recognized (by the Government) educational institutions imparting training in these areas. Let us look briefly into the problems faced in other countries of the world for accepting and certifying these alternate Medical Professionals (AMPS) before coming back to India.

**Other countries**

With the possible exception of the Netherlands and England, most countries have not instituted formal enquiries into the working of these AMPS on the basis of popular demands. In the Netherlands, Alternate Medicine is formally prevented under the Napoleonic code. However, the law has almost never been invoked in the recent years against these practitioners. Dutch polls have indicated that about 6 per cent of the population regularly consult AMPS and more than 75 per cent of the population wants freedom of choice in medicine and they want AM therapies to be included in their medical insurances. The
Government has constituted. ‘The Commission on Alternative Medicine’ to examine the resources, scientific support, education, practice and influence of AM in the Netherlands, it must be stated here that the Dutch Minister of Health is of the view that ‘the popular demand for freedom of choice in medicine is more important in generating legislation than the scientific verification of the therapies’. This is by way of answer to the strong opposition. To the existence of the commission from the Dutch Medical Association, who have stated that it should not consider therapies that are unscientific. The Commission, after various hearings and reviews of scientific and legal basis, has recommended the inclusion of information on AM in University courses, promotion of research and inclusion of AM in health insurance. This then, is the most positive response from a western country to alternate Medicine.

In England, there is no restriction under the law to the practice of any kind of treatment per se, although there are restrictions relating to certain diseases, appellations and remedies. This freedom under the law is a unique form of self-expression of the people of England not shared by other Europeans that largely follow the Napoleonic law. The England, AMPs, who are not suitably qualified cannot describe themselves as doctors, dentists etc. It is also against the law ‘to advertise any article or remedy for the treatment of certain diseases, eg. diabetes, epilepsy, tuberculosis and cancer’. Mental health laws allow only registered doctors and psychiatrists for carrying out procedures related to mental health, such as electroconvulsive therapy. Various types of counseling. Hypnosis and psychological techniques are not restricted. Though medical doctors accept the role of AMPs, a serious obstacle to this interaction is the British Medical Association which advises its members (i.e. all medical doctors) not to refer patients to osteopaths. However, the General Medical Council of England states that doctors should co-operate with AMP whenever necessary. This position is reiterated in the recent report of the Royal Commission on the National Health Service. Only British Chiropractic Association made an application to join the National Health Scheme. Not only was this refusal was not given. This was the attitude of PSM-Professions supplementary to Medicine-which includes midwifery, nursing, physiotherapy, radiography, dietetics etc. The house of Lords raised issue about this refusal of PSM whose Board acted ‘in the spirit of monopolist, the mean, narrow, excuse spirit of a medical trade union, slamming the door on specialists who might tackle some infirmities better than general practitioners or even surgeons themselves.

In USA, osteopathy is part of conventional medicine, on par with the British PSMs. Chiropractors are presently granted registration and recognition. Lay acupuncturists are prevented from practicing although they get around the law by stating that acupuncture is used for experimental purposes only. The American Holistic Medical Association consists of a group of young medical doctors who have broken away from the American Holistic Medical Association consists of a group of young medical doctors who have broken away from the American Medical Association and
presently number at least 500. Despite the official is enormous with-as well know well-Yogis, chiropractors, counsellors, biofeedback therapists etc. working full time as therapists.

**The Indian scene**

India is well placed for a balanced integration of medical practitioners and practitioners of Alternate Medicine. India has a long and rich history and has been repository of medical observations and the therapeutic procedures. Thus, Ayurveda has a long an dwell tested tradition. We have excellent universities teaching Ayurveda and Unani medicine as well as the more modern Homeopathy. Some of the leading universities like Banaras Hindu University has well-integrated courses for both Ayurvedists and modern medical doctors. thus certification of PAMs is well established and accepted procedure. However, the concepts and content of PAMs are far extensive today than twenty years ago when these colleges and Universities extended to include traditional medical categories. The present concept of PAM should also include yoga therapists, naturopaths, acupuncturists etc. Who are all not medical doctors. The certification, treatment methods, and reimbursement of expenses by patients should be considered in detail.

The present methodology of practice is mostly by qualifies medical doctors who also happen to know the techniques of, say, acupuncture. With the restriction of this ancient practice to medical men the content of acupuncture cannot improve in the Indian context. This is because of the fact that many AM therapies are primarily preventive and only secondarily curative. When we come to yoga therapists, there is a total confusion brought about mostly by yoga institutions themselves. Tamil Nadu was one of the first two States (the other being Gujarat) in India to constitute a Yoga Committee to look into the promotional, preventive and curative aspects of Yoga in total medicare to the community. The recommendations of the Committee – on the basis of interviews and feedback from various Yogashrams in the state and on the basis of scientific studies conducted both in India and elsewhere are clearly positive as to the role of yoga in maintaining health and as a therapy. The TN Government has plans to recognize and support Yoga Institutions presently and hopefully a method will be worked out to support the Yoga Institutions in this part of the country.

Present trends in medical research indicate that psychosomatic diseases are holding a sway over the urban population of the world. Further, preventive aspects of medicine is far more important than spending enormous amounts of money on cardiac care centres, post-operative procedures, and other specialist-oriented diagnostic and therapeutic systems. It has also been proved beyond reasonable doubt that having more cardiac care centres has not reduced the mortality rate of cardiac patients. Indeed the one profound impact on the fight against cardiac diseases was the jogging programme taken up by hundreds of thousands of Americans I emulating their president, for the first time in the recent history of the
United States, the incidence of cardiac diseases has actually gone down.

Another aspect of great importance in modern medicine has been the problem of iactrogenesis – drug induced reactions. In our own country, we have had sporadic cases of death due to pencillin injections all this and the escalating cost of medicine prepared in the laboratory is a pointer to search for Alternative Medicine. Most alternate medicines work at a global, holistic level of psychosomatic integration. With the strong preventive components of Yoga, Ayurveda, Ayurveda, Unani and Homeopathy, is it possible to offer a broad coverage to the heterogenous India population Certification of older, practising professionals is necessary without examination. Norms and syllabi must be generated in specific areas for a long time and financial support to them is essential. Introduction to Alternative Medicine on scientific basis should be made at undergraduate level of Medical education and indeed at the final years of School education. There is enough evidence to indicate the scientific basis and social relevance of Alternate Medicine. It is upto the people to demand for it and up to the Governments at various levels to make these available to the population at large.

In summary then, it may said with sufficient scientific authority, the promotional, curative and rehabilitative role of Alternate Medicines is unquestioned. However to make these Alternative Medicines available to the population at large, recognition and reimbursement for these curative regimen is absolutely essential. Again, our Government has introduced certain measures to compensate for seekers of alternate medical therapy. Public awareness should be brought to the fore through sufficient advertisement and accessibility.

REFERENCES

1. ‘Homofaber: Technology and Culture of India, China and the West 1500-1972’ Claude Alvares. Allied Publishers, New Delhi, (1979).
2. ‘Limits to Medicine ‘ Ivan Illich’ Marion Boyers, London, (1976).
3. ‘The Status of Complementary Medicine in the UK’ Drs. Fulder and R. Monro, Threshold Foundation, London. (1981).