Global Advocacy for Integrative Health and Communication: Stress, Aging, and Mind–Body Practices

Akshay Anand

A brainstorming session on “Global advocacy for integrative health” was jointly organized by PGIMER, Chandigarh; SVYASA, Bangalore; NIMHANS, Bangalore; and Inter-University Centre for Yoga, with the support of NITI Aayog, University of California, San Francisco (UCSF), and Harvard University, USA. The theme of the event was “Stress, aging, and mind–body practices.” This online event was held on the 151st anniversary of Mahatma Gandhi, i.e., October 2, 2020, with an inaugural talk by Dr Jitender Singh, Honorable Minister at PMO and an endocrinologist, Dr Rajiv Kumar, Vice Chairman of NITI Aayog and an economist, and Dr H R Nagendra, Chancellor of SVYASA and father of Yogic sciences, who chaired the meeting. Honorable Governor of Maharashtra, Sh B S Koshiari sent his blessings for the success of event. Prof Jagat Ram sent his greetings for the success of the meeting. The proceedings were moderated by Prof Akshay Anand (Editor of IMCR, AON, and fellow of Indian Academy of Neurosciences at PGIMER, Chandigarh).

Research to demonstrate effectiveness: We need multicentric clinical trials to show the cost savings for preventing common chronic illnesses by global collaborative leadership; we thus call for a virtual UN center for integrative health. We lay out an initial roadmap for training the next generation of leaders in integrative health care.

Research and model centers and initiatives: The research base in the field is strong; the implementation of the initiative has not occurred in a systematic and effective way in any country so far. True integration of integrative health lifestyles into prevention and treatment of diseases, inside and outside of hospital walls, promises to bring a physical and mental health enhancement to society, with economic benefits. Hence, the theme of this meeting was to ideate on integrative health in a cross-sector and cross-discipline manner. The participants represented global experts from public health, yoga and meditation, medicine, psychology, neuroscience, nursing, public administration, immunology, naturopathy, and education, representing various editorial groups, patient support organizations, and funding and educational institutions.

The recommendations presented below are based on published data showing the role of stress in noncommunicable diseases (NCDs). This was aptly highlighted by the Minister while exemplifying the increase in the incidence of metabolic disorders at the time of internal migration in J&K in 1990. The current recommendation is also inspired by the early success of integrative health care clinics launched by Dr Jitender Singh in AIIMS, Delhi in 1996. He mentioned that such clinics had shown success creating an ecosystem for improving quality and optimized patient care. As a global society, some of these suggestions can be adopted in a country or region-specific manner, retaining the local sociocultural factors. The Minister’s analogy of “not leaving economics to economists alone” resonated with the generality of “NCDs (diabetes) not being left to physicians (endocrinologists) alone,” making it imperative to incorporate other treatment strategies in cooperation with lifestyle philosophers, mind–body practices, and social scientists. It was generally felt that when there is a coincidence of two epidemics (NCDs and COVID), an effort should be made in order to make health care more accessible, affordable, and personalized by using an integrative health care model. The

Corresponding author:
Akshay Anand, Neuroscience Research Lab, Department of Neurology, Postgraduate Institute of Medical Education and Research, Chandigarh 160012, India.
E-mail: akshay1anand@rediffmail.com
repeated failure of clinical trials for various untreatable diseases, and their vulnerability to COVID, has also remained unaddressed by the current system. This was amply highlighted by the president of a patient support organization who highlighted the plight of patients.

Briefly, the first talk by Dr Vikram Patel, Professor at Harvard Medical School, dwelled on the importance of social determinants in integrative health initiatives, cautioning about the impact of medical–industrial dynamics on the contemporary dogmatic system of medicine. He suggested that the primary care delivered by the ASHA workers can be configured toward the above-mentioned goal of integrative health care, making it affordable and equitable.

Dr Susan Wu, the President of Mind and Life Institute based in Virginia, presented her work citing numerous PubMed research databases which have shown the positive outcomes of mind–body practices. She also discussed her research data with patients undergoing stem cell therapy and emphasized the importance of providing the patients the right choices for alternative health solutions, not currently available in the hospitals. Dr Peter Wayne, Director of Osher Center of Integrative Medicine, Harvard Medical School, discussed the importance of reframing integrative medicine, not as a set of complementary therapies, but rather as a holistic model of health that leverages the framework of systems biology. This approach has the potential of unifying our currently fragmented health care frameworks. He also emphasized the central role of rigorous research, which has already impacted policy views on practices such as yoga and acupuncture. He concluded by highlighting the importance of a collaboration, evidenced at his institute by the mapping of investigators working in the field, noting that this synergy is desired even at the global scale. Dr Elissa Epel, Professor at UCSF, highlighted the importance of stress-immunity-health care axis and enumerated various published work in the field, including the work she and Nobel laureate, Elizabeth Blackburn have done on telomeres, showing that daily self-care, including meditation and yoga, promotes slower cell aging. Science that shows the molecular basis of integrative health care has been motivating to stakeholders and payers.

**Paradigm shift towards true integration:** Dr B N Gangadhar, the Director of NIMHANS, Bangalore, cautioned that integrative health care should not be reduced to another branch of medicine and that it should reach out to patients in a collaborative fashion. Dr Amulya Panda, Director of National Institute of Immunology, New Delhi, endorsed the view of Dr Wayne, adding that joint fellowships should be started in order to foster the collaboration between traditional Indian and modern medicine for the benefits of society. Dr J Balamurugan, Principal Secretary to honorable Governor of Punjab, shared his experience of operationalizing the AYUSH systems in a village in Tamil Nadu. He laid an emphasis on combining both the local and global needs. He shared his own spiritual experience with the Isha Foundation. Ms. Josey Crane Burrows, a myofascial release therapist from Singapore, offered to work towards developing crowdfunding mechanisms needed for carrying out multicentric trials in various countries in an apotolitical framework. Ms. Sanjana Goyal, President of Indian Association of Muscular Dystrophy, highlighted the plight of many patients who are unable to seek integrative health solutions for a majority of untreatable diseases in government hospitals. She underlined the generality of need by patients to access integrative health solutions founded on solid research within the Government hospital facilities by a proactive policy from the Government of India. Dr Raghavendra Rao, Director of CCRYN, Ministry of AYUSH, underlined the various schemes of the Ministry of AYUSH under which research based on mind–body practices is about to be established at various medical Institutes in the country for which MOAs will be signed. Dr R Nagarathna, Medical Director, Arogyadhama, SVYASA, described some of patients' experiences including a few cases of Cancer which had shown a recovery at Arogyadhama which she heads at SVYASA, Bangalore. Dr Bhushan Patwardhan, Vice Chairman of University Grants Commission and Editor-in-Chief of J-AIM, has continued to emphasize the importance of a transition from pathy-based to people-centered holistic health care. He argues that it is unethical to not let the benefits of other systems of medicine reach to the patients for the want of integrative health system in place. His recent editorial in J-AIM prompts policy makers to reimagine integrative health care in the perspective of “Atma Bharat” or the “self-reliant India” policy of honorable PM of India, Sh Narendra Modi.

In order for patients to exercise the choice of the appropriate system of medicine in a manner that is personalized and cost-effective, integrative health clinics are needed in large scales with a mobilization of specialists with appropriate interdisciplinary skills. This will facilitate the consolidation of evidence in a manner analogous to the translation of drug trials. This is urgently required. The data generated from such research must be published in the top medical journals. However, this is impossible without other systems of treatment coexisting in government-funded hospitals and institutes where thousands of patients come for treatment. At the time of COVID pandemic, when most medical Institutes are limited to offering emergency medical services, the time is ripe to allow for evening outpatient services to be co-located with integrative health practitioners, as a pilot, so that the person-centered care can be translated as described by the honorable minister. The ensuing data can then be used for scaling up the experiment worldwide.

At the international level, a new inter-government framework needs to be installed which allows for the federally funded institutes and hospitals to seamlessly operationalize the integrative health services through new faculties with interdisciplinary skills in mind–body medicine, Ayurveda,
yoga, tai chi, science communication, in conjunction with socio-cultural and quality assurance framework. India might consider providing skilled human resources for this collaborative framework.

**A global grassroots campaign:**

Alongside a new inter-governmental framework, an appeal was made for the creation of a global grassroots campaign promoting integrative health, run by a team of passionate people sharing the same values working towards a common goal—a truly integrative health care choice for all.

For this to happen, prominent democracies (especially India, USA, UK, etc.) must lobby with the UN or the World Health Organization to adopt a resolution advocating integrative health, promoting faculty exchange schemes, either with the help of governments, CSR, and/or crowdfunding mechanisms. This may also exploit resources with the IUSSTF corpus and establishment of a virtual UN center for integrative health within medical institutes on the pattern of ICGEB (https://www.icgeb.org). This will accelerate the implementation of a new post-COVID health care ecosystem. At such a venue, standardized protocols can be developed for the adoption by the world. Within the UN framework, a policy research department can play a vital role in mapping the international researchers in the field, thereby accelerating the science implementation schemes for integrative health. The promise for leveraging the industrial–medical nexus towards a sustainable integrative health paradigm hinges on the fact that no pharmaceutics can alter mind–body processes, which is critical in the above-mentioned lifestyle disorders. This will also ensure that the experts do not work only in “domains” or “geographical silos,” instead they contribute towards defragmenting the new health processes for rural and urban localities in a cost-effective manner. For this, cost-effectiveness trials into mind–body practices must also be carried out toward the goal of accessible health care.

**Policy**

The Indian government might consider enforcing the following suggestions. (a) Funding the medical Institutes to implement the integrative health model and mentor the community outreach. (b) Establishing an inter-government UN center for integrative health for policy research which may monitor the multinational RCTs and mechanistic studies that focus on studying the conversion rates of pre-disease states by conducting longitudinal trials. (c) Empowering the transformation of a new integrative medical education framework under the National Education Policy and promoting a closer collaboration between undergraduate medical and AYUSH education by colocalization. This will foster mutual respect and shared knowledge. (d) Promoting investment in interdisciplinary collaboration, funding, and quality research through promotion policies (including leadership of international medical journals). (e) Strengthening the foundation of community health care to help patients access and coordinate diverse traditions of medicine and to enable these practitioners to be collocated in the same facilities and run jointly to ensure a closer collaboration.

**An educational framework:**

A Yogic concept of the *Panchkoshas* is the gem of Yogic philosophy and helps educate, inspire, and empower people on how to live in harmony with themselves, without which optimal mind–body health cannot be achieved. Short courses that train the school kids, HCWs, ASHA workers, researchers, etc. in mind–body practices are needed in order for them to experience the value of Yogic meditation. SVYASA can take a lead in this initiative. This may make patient care more effective, permissive, and compassionate. Such initiatives of self-care of HCWs can prevent integrative health care from becoming just another branch of medicine, rather a self-sustaining, patient-centered mechanism for wellness, celebration, and collaboration.