Perspective

Can naturopathy provide answers to the escalating health care costs in India?

Jaya Prasad Tripathy*

School of Public Health, Post Graduate of Institute of Medical Education and Research, Chandigarh, India

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ABSTRACT

There are substantial areas of overlap between naturopathy and public health, which include a focus on health rather than disease, a preventive approach, and an emphasis on health promotion and health education. Public health can look to naturopathy for answers to the emergence of chronic disease through natural therapies, many of which can take the role of primordial and primary prevention of several diseases. Some selected naturopathic therapies include nutrition, hydrotherapy, fasting therapy, yoga, behavioral therapy, and health promotion. We must reorient our focus on prevention and wellness to make a true impact on escalating health care costs. With the National Health Policy in India emphasizing the need for integrating the Indian Systems of Medicines with modern medicine, now is the right time for naturopathy and public health to come together to provide a holistic health care system.

1. What is naturopathy?

Naturopathy is a drugless, noninvasive, rational, and evidence-based system of medicine that imparts natural therapies, based on the theory of vitality, toxemia, the self-healing capacity of the human body, and the principles of healthy living. This approach to health care emphasizes education, self-responsibility and therapies to support and stimulate an individual's self-healing capacity. The principles of naturopathy were first used by the Hippocratic School of Medicine in approximately 400 BC. The Greek philosopher Hippocrates believed in viewing the whole person in regards to finding a cause of disease, and in using the laws of nature to induce a cure.1

2. Public health and naturopathy-intersecting paradigms

Public Health (PH) is defined as “the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals.”2,3 The philosophical approaches of naturopathy include disease prevention, encouragement of the body's inherent healing abilities, natural therapies, personal responsibility for one's health, and education of patients regarding health-promoting lifestyles. Thus there are substantial areas of overlap between naturopathy and PH such as a focus on health rather than disease; a preventive approach; and an emphasis on health promotion, health education, and patient empowerment.

3. Naturopathy and chronic diseases

Chronic lifestyle diseases are now the leading cause of disease burden and morbidity globally which are attributable to modifiable health behaviors such as tobacco use, poor diet, and physical inactivity.3,4 Public Health can look to naturopathy for answers to some of these challenges through different natural therapies, many of which can take a role in primordial and primary prevention of several diseases. By contrast, PH can identify mechanisms to effectively deliver principles of naturopathy such as improved public access to naturopathic physicians in community clinics, increasing formal collaboration between naturopathic and other health professionals, or increasing the number of trained integrative medicine providers.
4. Some selected naturopathic therapies

4.1. Nutrition

Food is regarded as medicine in naturopathy. Good nutrition is the foundation of naturopathic practice for health promotion and disease prevention. Foods are considered best in their natural form, when obtained locally and eaten seasonally.

4.2. Hydrotherapy

Hydrotherapy is the external or internal application of water in any of its forms such as ice, water, steam. Hydrotherapy uses temperature effects of water, as in hot and cold baths, steam baths, compresses and fomentation, saunas, wraps, and immersion baths. Other modalities include spinal bath, sponge bath, hip bath, sitz bath, enema, and colon hydrotherapy.

4.3. Fasting therapy

Fasting is primarily the act of willingly abstaining from some or all food, drink, or both, for a period of time during which the body excretes huge amounts of accumulated wastes. Methods of fasting include water, fruit juices, lime juice, or raw vegetable juices.

4.4. Yoga

Yoga is a Hindu spiritual and ascetic discipline which includes breath control (pranayama), simple meditation, and the adoption of specific bodily postures (asanas). The aim of practicing pranayama is to stimulate, regulate, and harmonize vital energy of the body. Asana means holding the body in a particular posture to bring stability to the body and mind.

4.5. Behavioral therapy

Naturopathy focuses on assisting clients in identifying and modifying unwanted behaviors through basic counseling, lifestyle modification, hypnotherapy, meditation, and stress management. To achieve this, it is essential to spend quality time listening to the patient so as to understand the way they live and to strengthen the physician–patient relationship. It has important implications in behavioral modifications, which is the mainstay of treatment of chronic diseases.

4.6. Health promotion

Health promotion is deep-seated in the practice of naturopathy, both philosophically and in the delivery of health care. Studies of naturopathic practice have shown that health promotion counseling on diet, physical activity, and stress management is incorporated into almost every clinical encounter (80–100%) and is reinforced in subsequent patient visits. However, conventional care has low rates of health promotion practice (<35–40%). Thus, at the individual and community levels, health promotion could benefit from closer collaboration with naturopathy.

5. Trends in the use of naturopathy worldwide

Patients are increasingly seeking naturopathic therapies for many reasons, the most common of which is patients wanting to use all possible modalities of care. Other important reasons include a holistic approach that addresses the root of the problem, more time and attention from the doctor, concern about the adverse effects of drugs, more control over the treatment, and having not been helped by conventional care. Nearly 80% of the population in developing countries depend on traditional systems of medicine as a source of primary healthcare.
6. Policy environment for naturopathy in India

The Alma–Ata declaration recognized the value of traditional systems of medicine and advocated the integration of safe and effective traditional medicine practices into primary health care.\(^\text{10}\) The World Health Organization has urged its member states to integrate complementary and alternative medicine (CAM) into their national health care systems. The National Policy on Indian Systems of Medicine and Homoeopathy 2002 emphasized the need for a meaningful phased integration of the Indian Systems of Medicines with modern medicine. The government of India also has iterated that the Indian Systems of Medicine offers a wide range of preventive, promotive, and curative treatments that are cost-effective and efficacious.\(^\text{11}\) There is a need to end the long neglect of these systems in our health care delivery mechanism.

7. Cost-effectiveness

Evidence suggests that a nation could save millions in health care costs and provide better quality of care without compromising patient outcomes if alternative medicine is widely practiced (Fig. 1).\(^\text{12,13}\) Comprehensive systematic reviews have identified emerging evidence of the cost-effectiveness of various alternative therapies, compared to the usual care.\(^\text{14,15}\)

8. Need for a policy

Issues such as safety, efficacy, and quality need to be addressed to extend naturopathic care. These can be best tackled within the framework of a national policy. The policy should focus on the registration and licensing of providers, standards of training, safety monitoring of drugs and therapies, and the development of technical guidelines and standards of care. Clinical research into the use of naturopathic practices for treating common illnesses should be encouraged.

9. Conclusion

There is limited evidence for the efficacy of practices of naturopathy, and limited evidence to prove its ineffectiveness.\(^\text{16}\) This may be because of the limited number of practitioners with skills and intellect to conduct research and generate strong evidence in favor of the practice. The lack of compelling data on the safety and efficacy of naturopathic approaches pose opportunities for research. We must reorient our focus on prevention and wellness to make a true impact on escalating health care costs. The discipline of naturopathy medicine ought to take the lead in this approach towards effective health care delivery.

Conflicts of interest

None declared.

References

1. World Health Organization. Benchmarks for Training in Naturopathy. Geneva, Switzerland: World Health Organization; 2010.
2. Winslow C. The Evolution and Significance of the Modern Public Health. New York, NY: Yale University Press; 1923.
3. Nugent R. Chronic diseases in developing countries: health and economic burdens. Ann NY Acad Sci. 2008;1136:70–79.
4. Mekdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004;291:1238–1245.
5. Bradley R, Kozura E, Buckle H, Kaltunus J, Tais S, Standish LJ. Description of clinical risk factor changes during naturopathic care for type 2 diabetes. J Altern Complement Med. 2009;15:633–638.
6. Bradley R, Oberg EB. Naturopathic medicine and type 2 diabetes: a retrospective analysis from an academic clinic. Altern Med Rev. 2006;11:30–39.
7. Ma J, Urizar Jr GG, Alehegn T, Stafford RS. Diet and physical activity counseling during ambulatory care visits in the United States. Prev Med. 2004;39:815–822.
8. Leung B, Vorhoel M. Survey of parents on the use of naturopathic medicine in children—characteristics and reasons. Complement Ther Clin Pract. 2008;14:98–104.
9. Medicinal plants and primary health care: an agenda for action. In: Bennnerman R, Burton J, Chen WC, eds. Traditional Medicine and Health Care Coverage. Geneva, Switzerland: World Health Organization; 1983.
10. Akerele O. Medicinal plants and primary health care: an agenda for action. Proteropigia. 1988;59:355–363.
11. CCRH Research Policy. Central Council for Research in Homeopathy. Ministry of Health and Family Welfare; Government of India. Available at: http://ccrhindia.org/imrpolicy.pdf Accessed 15.12.14.
12. Access Economics, National Institute of Complementary Medicine. Cost Effectiveness of Complementary Medicines. National Institute of Complementary Medicine. New South Wales, Australia: University of Western Sydney; August 2010.
13. CHP Group. Integrating Evidence-based and Cost-effective CAM into the Health Care System; 2010. Available at: http://www.chpgroup.com/images/Documents/WhitePapers/CHP_Group_CAM_White_Paper_2011-02.25.pdf. Accessed 25.11.14.
14. Herman PM, Craig BM, Caspi O. Is complementary and alternative medicine (CAM) cost effective? A systematic review. BMC Complement Altern Med. 2005;5:11.
15. Herman PM, Poindexter BL, Witt CM, Eisenberg DM. Are complementary therapies and integrative care cost-effective? A systematic review of economic evaluations. BMJ Open. 2012;2:e001046. http://dx.doi.org/10.1136/bmjopen-2012-001046.
16. Wardle J. Regulation of Complementary Medicines: A Brief Report on the Regulation and Role of Complementary Medicines in Australia. Brisbane: The Network of Researchers in the Public Health of Complementary and Alternative Medicine; 2008.