NEED AND RELEVANCE OF FORMATION OF INDIAN SYSTEMS OF MEDICINE AND HOMOEOPATHY (ISM & H) POLICY 2002 IN INDIA

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ABSTRACT

India has designed National Policy on Indian systems of Medicine and Homeopathy (ISM & H Policy) in 2002 to emphasis the development of Ayurveda, Siddha, Unani, Yoga, Naturopathy and Homoeopathy due to public patronage of these systems. Currently India has two health related policies, National Health Policy and ISM & H Policy. This study proposes to look into the need of formation of ISM & H Policy in 2002. An online questionnaire was designed to assess the views of Public Health experts and mailed to 100 experts. The tool was tested for content validity and a pilot study was done to find out the feasibility of the study. The data was analysed with the help of Microsoft Excel 2007 represented as percentages. Results showed that 61 out of 100 experts responded to questionnaire. 84% of respondents favoured formation of unified health policy. Most mentioned reason for formation of ISM & H policy separate from NHP was ‘difference in concepts of modern medicine and alternative medicine’ followed by ‘partiality with ISM & H’ and ‘for strengthening of ISM & H’. Respondents disfavouring the concept separate ISM & H policy opined that all health systems have common goal of health which can be dealt by single policy. Majority of respondents opined that there was need of ISM & H Policy separate from National health Policy as separate policy is essential for parallel growth of different health systems.

KEY WORDS: ISM & H Policy, AYUSH, Public Health experts, Rationalization

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INTRODUCTION

Indian Systems of Medicine and Homeopathy (also known as AYUSH) enjoy significant public patronage in India [Unnikrishnan P, 2010]. Due to their strengths, these systems have sustained themselves from long past. Despite of public faith and strengths of systems, Indian systems of Medicine were dominated by Western Medicine during British rule. The denigration of Traditional wisdom reached its zenith in 1835, when Lord Macaulay settled the controversy over whether government should support indigenous or western learning by ordering that Western knowledge should be exclusively encouraged in all areas governed by East India Company. Thereafter only western medicine was recognized as legitimate and Eastern systems were actively discouraged [Macaulay TB, 1957; Wujastyk, D, 2008].

At the dawn of twentieth century, with the assertion of Indian nationalism, interest in Indian art and science reawakened and Indian systems of medicine began a gradual renaissance. Bhore Committee and Mudaliar Committee, which brought revolution in Health System of India, identified the importance of ISM. After that, the Indian government set up several high-level committees to advise it on the course of action it should adopt in relation to ISM [Bhore J, 1946; Mudaliar AL, 1962]. Chopra Report recommended the complete integration on ISM and Modern Medicine but due to the influence of the allopathic professionals on the design of health care systems, recommendations regarding the incorporation of indigenous practitioners into the national health services were simply not followed through [Chopra, 1948]. Despite of long years of planning process, ISM could not get the kind of financial and political support available to the dominant system of allopathy even though they have proven to be equally good and effective systems and are patronized regularly by millions of people in the country. Later on the strengths of traditional system was internationally recognized. The concern was voiced in the World Health Organization (WHO) Assembly in early 1970s, 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 [WHO, 1978]. The second was a joint UN Children’s Fund (UNICEF)/WHO study which also recommended the mobilization 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 nonqualified, traditional practitioners as voluntary, paramedical community workers [Nichter M, 1980]. 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 (Unikrishnan, 2010).

International apprehensions for Traditional Medicine, poor Health indicators and inaccessible modern medical services forced Government of India to work towards the development of Indian systems of medicine. As a result, National Health Policy formulated in 1983 assigned an important role to ISM in the delivery of primary health care. But in this policy ISM & H did not get their due position. Moving step forward separate department of Indian Systems of Medicine and Homoeopathy was created under Ministry of Health and Family Welfare, Government of India in 1995 (Unikrishnan, 2010). The most decisive step in development of ISM & H was formation of National Policy on Indian systems of Medicine and Homeopathy in 2002. Now India has two policies, National Health Policy 2002 and Indian Systems of Medicine and homoeopathy Policy 2002, which are directing the Nation towards better healthcare. But still goal of Health for All is a dream in our country. Keeping the above mentioned points in view, the present
An investigation was undertaken with the objective to assess the need of formation of ISM & H Policy in 2002 separate from NHP.

**MATERIAL AND METHODS**

An online questionnaire was designed to assess the views of stakeholders on the need of a separate ISM & H policy in 2002. The tool was given to some of the experts for content validity. Based on their suggestions and recommendations, restructuring of tool was done. A pilot study was conducted on 20 AYUSH/Public Health experts attending the 4th World Ayurvedic Congress to find out the feasibility of the study. Questionnaire was mailed to 100 stakeholders. Respondents included who were faculties of community medicine departments of medical colleges, Public Health departments/schools, AYUSH colleges, personnel from various organizations (national, international like UNICEF, WHO and voluntary) working in the field of Public Health, students of MPH, MD/MS throughout the country.

The data was then analysed with the help of Microsoft Excel 2007. Frequencies, percentages, mean, median, mode were used to draw inferences as data set was most appropriate for it.

The consent of the respondents was taken with the condition that all the information provided by him/her during the study will remain confidential.

**RESULTS**

**Response Rate**

Online questionnaire was sent to 100 Public Health/AYUSH experts on their emails. 61 experts responded to the questionnaire. Therefore response rate was 61%.

**Composition of sample**

Sample was composed of faculties, researchers, consultants etc. Faculty respondents included Vice-Chancellor, Directors, Assistant Directors, Professors, Associate Professors, Assistant Professors of Public Health educational and research institutes. Scholars included MPH, MD/MS and PhD students. Researchers included scientists, research officers, research managers, principle investigators. International organizations included officials of WHO and UNICEF and associations means the members of associations like PHFI, EUREMA. Consultants revealed Public Health consultants. Others included chairman, coordinators, CEO of NGOs/Projects.

**Exploration of expert opinion on need of separate ISM & H Policy**

50 experts considered that there was a need of a policy on ISM & H separate from National Health Policy while 11 experts denied the need of separate policy on ISM & H in 2002. (Figure 1)

Forty Public Health experts elaborated reasons for need of a separate policy on ISM & H. According to one expert “The separate policy is particularly important for tackling and elucidating the public health issues in the AYUSH & LHT sphere.” Other expert expressed need of separate policy for a specific time stating that “The separate policy is needed till the system reaches at par with other well established scientific system.”

Others emphasized on separate systems within ISM & H by saying that “AYUSH is not a single entity; it comprises of various systems each of which have a distinct identity. Therefore, a policy is needed that can have strategies for the growth of these systems in an environment of mutual accommodation.” One expert suggested separate policies for all systems within ISM & H “There should be separate policies for Homeopathy, Ayurveda and Unani, Siddha, because every pathy is different and cannot be treated alike.”
Reasons for need of separate policy on ISM & H

Experts elaborated many reasons for existent separate policy on ISM & H (Figure 2)

ISM & H as different systems

Eleven experts considered that ISM & H are different systems with different concepts than modern system of medicine. So there was a need for a separate policy to address relevant issues. Various experts stated it as under

“Indian System of Medicine derives strength from ancient wisdom. These are distinct from western medicine which emphasizes on illness rather than wellness. Indian system is holistic and natural.”

“While a consumeristic approach drives modern medicine, ISM & H requires a holistic approach. There needs to be a different framework to drive ISM & H.”

“Concepts and line of treatment in ISM is entirely different. Implementation requires special policy and policy makers must be expert in ISM itself.”

“... Because the case with ISM & H is different one cannot bring it on a common platform of research, drug policy, medical policy.”

“It is our long traditional medical therapy has its own particulars regarding treatment & Diagnosis.”

“The perspective (of ISM & H) is distinct from the western bio-medically oriented outlook of the dominant public health view.”

“These sciences have something unique and need unique way.”

Partiality with ISM & H

Nine experts quoted partiality with ISM & H in combined health policy as a reason for separate policy on ISM & H. Experts opined it as under

“There was no policy research centres exclusively set up for ISM sector. Because of this many a time’s policies are formulated without taking in to consideration the requirement of this sector.”

“ISM & H component is appearing in other policies since very long like in National Health policy 1983. A separate policy was essential to
address multiple areas and issues specific to Indian traditional medicines.”

“ISM & H was dying in many parts of India. Modern medicine was gaining head. A doctor to a common man most of the times meant a graduate in MBBS. The health system in India till recent times posted only doctors of modern medicine in the various health systems. Hence it was necessary to have a separate policy for ISM & H.”

“The potential of ISM & H is not tapped fully.”

“Obviously there was need for separate policy. In majority of the states ISM & H is under the control of Allopathic fraternity.”

“The reason is simple... just think on the result and you will realize that there is something going absolutely wrong.”

“Over the years due to prevalence and popularity of allopath system of medicine, the tradition system did not get proper attention. Our health system is also a contributing factor for sideling the traditional system. Separate policy will definitely help to get its place in Indian health system.”

Figure 2: Reasons for separate policy on ISM & H

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISM&amp;H are different systems</td>
<td>27%</td>
</tr>
<tr>
<td>Partiality with ISM&amp;H</td>
<td>23%</td>
</tr>
<tr>
<td>Strengthening of ISM&amp;H systems</td>
<td>20%</td>
</tr>
<tr>
<td>For accurate strategies and focused attention</td>
<td>20%</td>
</tr>
<tr>
<td>For awareness regarding ISM&amp;H</td>
<td>5%</td>
</tr>
<tr>
<td>Other reasons</td>
<td>5%</td>
</tr>
</tbody>
</table>

Strengthening of ISM & H systems

Eight experts considered separate ISM & H policy necessary for development of these systems. They explained it as under

“To enhance d strengths and for standardization of these systems of medicine a separate protocol as well as policy is surely needed........we can’t focus until a separate body is formed to deal with d root problems of these systems of medicines. For laying down of scientific authenticity of our systems of medicine...research and development is the key and can be achieved only with unified efforts and planning for which separate policy is must.”

“There was an urgent need to protect, popularize, and preserve the Indigenous System of medicine from the onslaught of Allopathic System.”

“No research efforts are made to employ the modern tools to verify and refine the concept
related to diagnosis, preventive and treatment aspects (in previous combined policies).”

“There was a need to leverage its strengths to improve the health indicators of our country. It is therefore necessary to make an inclusive agenda for health. Therefore, to prime the various AYUSH streams, it was necessary to frame a separate policy, nurture these streams and mainstream them into the health policy.”

“To harness the strength and revival of ISM & H and to establish it into a system of medicine so that it is accepted by one and all a separate policy was required.”

“Modern medicine is established so strongly in India that it is absolutely vital to give strength to ISM by a separate policy.”

“Despite the long history and existence of Indian Systems of Medicine and Homeopathy, their potential and scope have not been fully realized and utilized by both the Central and State Governments. Therefore, a separate policy on ISM and H was long overdue.”

For accurate strategies and focused attention

Eight experts expressed the need of separate policy for accurate strategies and focused attention for development of ISM & H. Experts expressed it as under

“A policy provides requisite impetus to the necessary strategies related to the issue concerned. So, a separate policy will definitely help.”

“Policy frame work will provide a road map to action plan and modalities for periodic evaluation and self regulation.”

“To provide focused attention for promotion and development of AYUSH systems.”

To have a dedicated and focused approach

“Indian system of medicine should be given due emphasis and importance.”

“To address sector vide approach”

For awareness regarding ISM & H

Three experts considered separate policy for public awareness regarding strengths of ISM & H.

Other reasons

One expert considered need of separate policy on ISM & H to develop system alternative to Allopathy by stating that “Search of alternative to dangerous allopathic medicines indicated need to revive Ayurveda and others Indian systems of medicine. Thus need of Separate policy.” One expert felt need of separate policy to abolish title of alternative medicine used for ISM & H by stating that “It's called Indian Systems of Medicine but still taken as alternative medicine. So, it needs separate policy that can give it the stand to be the main not alternative.”

Reasons for disfavoring separate policy on ISM & H

Ten experts stated that there was not any need of separate policy on ISM & H. four experts gave reasons in support of their answer.

One expert considered no need of separate policy as goal of both policies is health by stating that “Both of them are concerned with the curing of diseases, maintenance of health and promotion of health of human population. Even though the way is different, the aim is same. So there is no need for a separate policy”.

One expert rejected need of separate policy to modernize concepts of ISM saying that “Certain concepts in traditional medicines are really outdated. New concepts have to be introduced to make it relevant scientifically in today's context. So called modern medicine is nothing but a modern refined product of Traditional Medicine.”
One expert considers separate policy as hindrance to sustainable development to health system stating that “The strengths of these systems can be identified and highlighted with that of the Allopathic system and has to be popularized in a sustainable way.” And other expert consider separate policy as hindrance to mainstreaming of ISM & H

**DISCUSSION**

Srinivasan (1995) in his article entitled ‘National health policy for traditional medicine in India’ advocated the need of a separate policy on ISM & H [Srinivasan P, 1995]. He recognized four major effects of ISM Policy viz. to encourage researchers and practitioners to be more active and effective in their field; to check the proliferation of spurious practitioners who damage the credibility of indigenous system; to coordinate integrate and mutual acceptance of both health systems; encourage more allopathic doctors to prescribe simple and effective home remedies. He considered Sri Lanka’s comprehensive national health policy, which addresses & utilizes ISM appropriately, responsible for remarkable high standards of healthcare. He believed that same kind of policy in India would have tremendously beneficial effects on health status of nation.

Findings of our study also support their views of ISM & H Policy as majority of Public Health/AYUSH experts favored need of a separate policy on ISM & H. They favored separate policy because of difference in concepts and issues of these systems. An expert elaborated it as “While a consumeristic approach drives modern medicine, ISM & H requires a holistic approach. There needs to be a different framework to drive ISM & H.” and other stated as “… Because the case with ISM & H is different one cannot bring it on a common platform of research, drug policy, and medical policy.” Thus a common course of action cannot be applied to traditional systems and modern one. Partiality with ISM & H also emerged as a major factor to support the separate policy on ISM & H. Although ISM & H got place in NHP 1983, but this was not rightful. NHP 1983 could not direct the specific steps for development & utilization of ISM & H and focused on modern medical system alone. Ultimately NHP 1983 was failed to revive ISM & H. Experts realized that a separate policy was needed to frame specific strategies and focused approach. One expert felt need of separate policy to abolish title of ‘alternative medicine’ used for ISM & H as ISM were the only available health systems before British rule in India. These are still major health systems utilized by majority of rural Indian population. In Indian scenario, Allopathy, which entered few centuries ago and still limited to urban areas, is actually alternative to ISM. Even an expert from this study went a step ahead and promoted need of different policies for all health systems included in ISM & H.

Banerjee (2002) believed that ISM & H Policy seems to strike some kind of balance for the first time, does this by exploring the possibilities of integration between the different systems of medicine [Banerjee M, 2002]. She considered that ISM & H Policy clearly takes the position of promoting medical pluralism and introduce strategies to mainstream the indigenous systems of medicine. She found that this policy was a first in recognizing, identifying different stakeholders which implies that the role of the civil society, i.e., both the companies manufacturing medicines and the non-governmental organizations engaged in issues around Ayurveda, is seen to be important to include and involve in any government initiative.

**CONCLUSION**

Majority of Public Health/AYUSH experts in this study favored need of a separate policy on ISM & H because of difference in concepts and issues of these systems. Partiality with ISM & H also emerged as a major factor to support the separate policy on ISM & H. An expert even went a step ahead and advocated the need of different policies for all health systems included in ISM & H.
REFERENCES


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