Integrated medicine – many approaches, one service

N.P. Dubey

The bringing together of different medical systems offers the prospect of an increase in the quality of care and improved cost-effectiveness. This is discussed with particular reference to initiatives being taken in India.

Traditional medicine embraces a great variety of health care practices that existed before modern medicine emerged. All of the world’s cultures have contained elements of traditional medicine, in which both drug therapy and drugless therapy are used and considerable emphasis is placed on the moral and spiritual aspects of life. Science-based modern medicine has been of immense value in diagnosis and the treatment of many diseases and traumas, although it has by no means vanquished all the illnesses afflicting humanity.

In most countries of the world, the status of traditional medicine in relation to modern medicine falls into one of the following categories.

- Traditional medicine is not officially recognized, only doctors of modern medicine having the legal right to practise.
- Traditional medicine is not officially recognized but its practitioners are free to work and to receive remuneration for their services.
- Practitioners of both traditional and modern medicine are officially recognized and provide services to patients through equal but separate systems.
- Traditional and modern medicine are brought together in medical education and are jointly practised in an integrated system. This has been attempted in China, Nepal and the Republic of Korea. In India it is being attempted with both Indian and other traditional systems.

Uniting the traditional and the modern

The integration of the different systems of medicine is desirable because they all have both merits and demerits: the beneficial elements can be retained and the unfavourable ones discarded. Integrated medicine seeks to achieve comprehensive health care throughout life. The Indian Foundation for Development of Integrated Medicine has devised a programme of teaching, training, treatment, research and national application in this field. Some factors that should be considered in relation to the role of integrated medicine are indicated below.

- Between 70% and 80% of the world’s population lives in rural areas.
- Over 80% of the needs for health care are in rural areas, where only about 25% of the existing services are located.
- General development in rural areas is at a low level compared with that in urban areas.
- Many areas are unserved or underserved in respect of education, drinking-water supplies, vocational opportunities, primary health care and other basic needs.

Dr Dubey is Secretary, World Association of Integrated Medicine, N.10/60, C–1, Kakarmatta, Bazardeeha, Varanasi 221 009/9, U.P., India.
There is often little awareness of the existence of potentially health-giving natural resources in rural areas.

There is a widespread need to reorient medical education in order to improve standards of primary care.

Integration is the only way in which gaps in teaching, training and treatment can be filled.

The inadequacy of facilities in rural areas leads to frustration among health workers and consequently to staff shortages.

Indigenous systems of treatment, strongly entrenched in some rural areas, may lead to high mortality and morbidity if practitioners are unskilled.

Many complications of maternal and child health are attributable to untrained traditional birth attendants.

Doctors are often based a long way from where people need their services.

The integration of traditional and modern medicine should involve:

- collecting basic information on all the important systems of therapy;
- bringing together this information in teaching, training and treatment, and creating uniform standards in the institutions concerned;
- making traditional medicine increasingly scientific;
- constructive criticism of systems and organizations;
- regular review and provision for change;
- exchange of knowledge through study programmes at all levels.

Students should be able to study integrated medicine in established teaching institutions, while for qualified practitioners a knowledge of the subject can be imparted through short courses, seminars, newsletters and so on. A study programme on integrated medicine should be scientific, practical and acceptable to the participants.

In India the basic systems dealt with are: modern medicine; homoeopathy; and Ayurveda, Unani and Siddha, which, in other countries, could be replaced by whatever the predominant traditional system happens to be. Some of the other fields covered are yoga, naturopathy, acupuncture, chromotherapy, osteopathy, floral medicine, psychotherapy, music therapy and hypnotherapy. The teaching process was initiated by the Indian Foundation for Development of Integrated Medicine, and the Government of Uttar Pradesh is now taking up the challenge. Integrated medicine is on the programme of the Prashanti Medical Care Institute in Varanasi, and it is intended to set up similar institutes in several of India’s principal cities.

Benefits of integration

Indicated below are some outcomes of India’s integrated medicine programme.

- Students have developed confidence in traditional systems and have learnt how to tackle problems efficiently.
- Cost-effectiveness has been achieved in training, service and research.
- School and college students and parents have received training in emergency care.
- Primary care has improved.
- Research and development skills in integrated medicine have been acquired.

The results of integrated medicine programmes can be expected to include progress in early diagnosis and treatment, a decline in the incidence of endemic and epidemic diseases, a heightened awareness of how to prevent
major diseases, improved health status in vulnerable sectors of society, increased life expectancy, a wider availability of medicinal herbs and minerals and an increased interest in their use. Evaluation can also be made in terms of non-clinical indicators, for instance the degree to which students are encouraged to serve the general population and the quantity and quality of research on raising standards of service.

Integrated medicine, being holistic, provides an excellent prospect for meeting the health needs of communities. It offers cost-effectiveness, availability, equity and acceptability, uses local resources in considerable measure, and is capable of stimulating interest and public participation. It represents a multisectoral and multidisciplinary approach and is a promising tool in prevention, diagnosis, treatment and rehabilitation. Particularly in the developing world it presents humanity with an opportunity for improved health care without undue reliance on costly drugs and surgery.

The community’s say in medical education

Consumers’ motivation to change their lifestyles or to participate in a community health activity is closely linked with their values, beliefs and perceived needs. Thus, to be effective, problem-solving in the community [as part of the educational strategy for medical students and health workers] needs the participation of community representatives, formal and informal leaders, or a representative sample of the target population. Community representatives should be involved in identifying problems, in recommending intervention strategies and in evaluating results. This will help to prevent educational institutions using the community for instruction without providing the services which are actually needed. It will also help to prevent the community feeling that its medical needs are considered less important than its value as instructional material.