

# ***National health policy for traditional medicine in India***

*Padma Srinivasan*

*External pressures have combined to erode the practice of India's traditional medical systems to such an extent that they are in danger of becoming extinct. A better balanced national health policy could go a long way towards reversing this trend.*

Some of India's indigenous systems of medicine, such as Ayurveda, Siddha and Unani (see box), date back to more than 5000 years ago, but they face an uncertain future. Every so often, attempts have been made to revive them, but they have steadily lost ground to the power and influence of modern medicine.

An all-India household survey made by the National Council of Applied Economic Research found that 80% of the households in urban areas used allopathic medicine and only 4% used Ayurvedic. The pattern was not much different in the rural areas, where 75% used allopathic treatment and 8% Ayurvedic. The survey also found that people spent more on allopathic medicine than Ayurvedic: 151 and 104 rupees respectively per episode of illness in urban areas, and 167 and 91 rupees respectively in rural areas (the current exchange rate is Rs 31.20 to US\$ 1). In urban and rural areas alike, low-income groups in particular were found to be spending a substantial amount on allopathic medicine.

Many practitioners fear that the popularity of allopathic medicine threatens the survival of the traditional systems. Modern medicine has contributed a great deal to controlling a

number of dreaded diseases, but indigenous systems have an equally valuable role to play in India and its neighbouring developing countries. The efforts made by individuals

## ***Traditional medicine in India***

**Ayurveda, «the science of life», is one of the oldest formulated systems of medicine, and is based on doctrines which encompass the physical, chemical, biological and spiritual dimensions of life. It includes internal medicine, paediatrics, psychosocial medicine, otorhinolaryngology, ophthalmology, surgery, toxicology, geriatrics and eugenics.**

**The Siddha system, which has its origins in the prevedic period, is mainly therapeutic. Its principles are closely similar to those of Ayurveda, and it emphasizes iatrochemistry.**

**Unani, or "Graeco-Arab" medicine, is based on the four-humour theory of Hippocrates as developed in the Arab world, and assesses the patient's needs in terms of temperament. In this tradition the aim is to maintain a proper balance between the bodily and spiritual functions. Much attention is given to the body's natural powers of self-preservation and adjustment.**

**Abstracted from *Traditional medicine and health care coverage*, Geneva, World Health Organization, 1983.**

---

Miss Srinivasan is Senior Research Officer at the Indian Institute of Health Management Research, 1 Prabhu Dayal Marg, Sanganer Airport, Jaipur-302 011, India.

in this area are praiseworthy but they can make little impact without the full support of the government.

### ***Past efforts to revive indigenous systems of medicine in India***

During the 19th and first half of the 20th century, under the influence of the British in India, the traditional systems were gradually replaced by modern medicine. From the 1920s to the mid-1940s, provincial governments and popular leaders like Mahatma Gandhi made various efforts to reverse this trend. Colleges and other institutions were set up to revive the practice of indigenous medical sciences, and integrate them with the country's main health care system. However, in 1946, when India's first national health care policy was outlined by the Bhore Committee, traditional practices were completely ignored. Subsequent committees tried to correct this error, and in 1961 the Mudaliar Committee made strong recommendations for integrating modern medicine with Ayurveda in education, practice and research. But by that time modern medicine was already deeply implanted throughout the country, and its dominance had become irreversible.

At present, most of the larger institutions promoting indigenous systems of medicine are controlled and financed by the state governments, and little interest is shown at the central level. This is probably because the central government depends on support for health care from international organizations backed by rich Western countries. Extensive promotion of indigenous systems might jeopardize this support and discourage foreign investment in drugs and health care. Various councils have been established for the different traditional systems and homoeopathy, but the government does little to monitor their activities or support them with clear policy guidelines.

Two World Bank reports (1, 2) recommend that the government should leave tertiary curative health care to the private sector and concentrate on primary health care in the

***An all-India survey found that 80% of the households in urban areas used allopathic medicine and only 4% used Ayurvedic.***

rural areas, immunization and disease eradication programmes. This implies that India should go deeper into international debt by borrowing more money for these programmes, thus supporting the propagation of Western medicine on behalf of the multinational drug and health care companies. Apart from the questionable economics of this prescription, it completely overlooks the existence of alternative systems of medicine and the possibility of using them to ensure health care coverage for the rural and urban populations of the nation.

To follow the World Bank's advice would be to ensure the death of these other systems. A sound national health policy, on the other hand, would not only put the indigenous systems of medicine back on the map but have four other important effects:

- It would reflect the importance attached by the government to the development of these systems throughout the country, and thus encourage researchers and practitioners to be more active and effective in their work.
- It would help to check the proliferation, especially in rural areas, of spurious practitioners who damage the credibility of the indigenous systems.
- It would coordinate the work of the different practitioners, provide for the exchange of knowledge and ideas, and lead to the

integration of the two systems. This integration and mutual acceptance would benefit everyone by improving the health care system as a whole.

- It would encourage more allopathic doctors to prescribe and recommend simple but effective home treatments based on indigenous systems of medicine.

### ***Sri Lanka's comprehensive central policy***

The government of Sri Lanka has acted decisively not only to sustain indigenous medicine but to give the health care of the nation the attention it needs by setting out a comprehensive national policy. In doing so, it has achieved remarkably high standards of health care. With a population of 18 million it has nearly 13 000 Ayurvedic physicians (1 per 1400 population). India, with a population of 846 million, has about 380 000 practitioners of indigenous medicine all told (1 per 2200 population).

Although the focus in Sri Lanka is still on allopathic medicine, as it is in all developing countries, the government has moved strongly to promote the use of indigenous medicine throughout the health care system. It has instituted a separate ministry of indigenous medicine, with one department for indigenous systems of medicine and

***The aim of the Sri Lankan policy is to coordinate efforts and establish recognized standards of practice, so that the indigenous and allopathic systems can be equally relied on to meet the country's health needs.***

another for homoeopathy, each headed by a commissioner. This ministry has named as one of its major strategies for achieving the national goals for health by the year 2000 "the

promotion of the independent identity and development of alternative systems of medicine, with a focus on Ayurveda, Unani and homoeopathy".

The Sri Lankan policy on indigenous medical systems covers education and training, the registration of practitioners, drug supplies, human resources and private practice. Its aim is to coordinate efforts and establish recognized standards of practice, so that the indigenous and allopathic systems can be equally relied on to meet the country's health needs. If the same kind of policy could be adopted in India, there is little doubt that it would have a tremendously beneficial effect on the health status of the nation.

### ***India's policies on indigenous medicine***

The government of India could go a long way towards solving the problems we have mentioned by taking the following steps:

- A much larger proportion of the central government's health budget should be allocated to indigenous systems of medicine. At present they receive only 4.8% of it. Nearly all the hospitals using indigenous systems are paid for by state or local governments. This lack of central support has separated indigenous systems from the mainstream of health care, and made it difficult if not impossible for them to develop.
- A joint health secretary should be appointed to coordinate and oversee the implementation of national policies on indigenous systems of medicine and bring about their revival.
- Experts on indigenous systems of medicine should be included in the formulation of national health policy.
- More grants, incentives and other support should be given to private institutions using indigenous medicine so that they can pro-

vide good treatment at affordable prices. In addition, a percentage of the private funds contributed to modern medical facilities could very beneficially be allocated to establishing departments of alternative medical services within the same facilities.

- More use should be made of indigenous medicine in the rural public health services.
- Traditional medicine should be included in the curriculum of all allopathic medical colleges and teaching hospitals. This would dispel many popular misconceptions. It has been done very successfully in China, where the traditional and modern medical systems enjoy equal respect.
- National and international medical conferences should give more exposure to the indigenous medical systems of India, which are at present very poorly represented in medical conferences and literature alike.

Our efforts to promote and develop India's indigenous systems of medicine are not aimed at giving them supremacy or vindicating them

at the expense of others, but rather at bringing out the best in all of the available systems and thereby providing more effectively for India's health needs. Since our indigenous systems of medicine form part of our culture and philosophy, it is reasonable to suppose that the majority of the population can assimilate their principles of nutrition, hygiene, preventive care and treatment more easily than those of the West. It would be foolish to let practices which have benefited our society for centuries fall into disuse simply because they are not appreciated by the rest of the world or by the influential sections of our own society. Much can be done to change the situation, and the first step is to formulate a reasonable health policy. ■

#### References

1. **Akin JS.** *Financing health services in developing countries: an agenda for reform.* Washington DC, World Bank, 1987.
2. *World development report 1993: investing in health.* Washington DC, World Bank, 1993.

### **Where a little means a lot**

*In pockets of abject poverty, supplementary feeding programmes targeted to vulnerable groups may prove life-saving and may indeed be necessary, though they can never be a major permanent approach to nutritional upliftment of populations.*

- C. Gopalan. *Nutrition in developmental transition in South-East Asia.* New Delhi, World Health Organization Regional Office for South-East Asia, 1992: p. 105 (SEARO Regional Health Papers, No. 21).