Health Matters: Coping Indigenously

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Health systems of some sort have existed for as long as people have tried to keep healthy and treat disease. Throughout the world, traditional practices based on herbal cures, often integrated with spiritual counselling, and providing both preventive and curative care, have existed for thousands of years, coexisting today with modern medicine. Many of these are still the choice of treatment for some health conditions, or are resorted to because modern medicine has failed, or is beyond reach. The Indian Systems of Medicine have existed since ancient times.

A Perspective on Health Systems
Organized health systems in the modern sense have been existing since the last century. Hospitals have a much longer history than complete systems in many countries. Until well into the 19th century, these institutions were run by charitable organizations. Towards the close of the 19th century, the industrial revolution transformed the lives of people worldwide. At the same time, societies began to recognize the huge toll of death, illness and disability occurring among workforce due to industrial accidents and illnesses arising from exposure to infectious diseases. In response, company owners began providing medical services to treat their workers, improving workers’ living conditions.

Health System Reforms
There have been three overlapping generations of health system reforms during the 20th century, according to the latest World Health Report—2000. The first generation saw the national health care systems during the forties and fifties in richer countries and somewhat later in poorer countries. By the late sixties, many of these systems were under great stress in terms of rising health care costs, especially due to the increased volume of hospital-based care. The hospitals were mainly used by those who could afford; the efforts on the part of governments to reach the poor were often inadequate. The health problems were acute in poorer countries. In most developing countries, hospitals were built in urban areas and received about two-thirds of government health budgets, serving only 10 to 20% population. It was also seen that the hospital based health care system did not meet the needs and expectations of the people. This prepared the ground for radical change towards making health care systems more cost-efficient, equitable, and accessible.

Health for All by 2000 A.D.
The second generation of reforms saw the promotion of primary health care as a route to achieve affordable universal coverage in the seventies and eighties. The WHO and UNICEF held the monumental conference on Primary Health Care at Alma Atta in 1978 (now Almaty, Kazakhstan). Primary Health Care was defined as "essential health care based on practical, scientifically sound and socially acceptable methods, and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination". The Alma Atta declaration embodied a number of fundamental principles of health development. (a) The governments have the responsibility for the health of the people. (b) Emphasis must be on preventive and promotive measures well-integrated with curative, rehabilitative and environmental measures. (c) There should be equitable distribution of health resources. (d) It is the right and duty of people to participate in development of health, individually and collectively, and (e) There should be allocation of resources to those in greater social need, and the health system should adequately cover all the goal of Health for All by 2000 A.D. was set for all the signatory countries.

Some countries could successfully integrate primary care module with their general and family medical practice and involved nurse practitioners and physician assistants. Others put in substantial effort in training community health workers to deliver basic, cost-effective services in simple rural facilities to popu-
lations that had little or sans access to modern care.

Despite efforts, such programs were eventually partial failures. The funds were inadequate; workers reported having little time for prevention and community outreach activities, the training and equipment provided to them was found to be insufficient for the problems they confronted, and quality of care was often assessed to be poor. Consequently, many countries reverted to investing in tertiary, urban-based centres. Concurrently, there was a wave of immense interest in the indigenous systems of medicine in many developing as well as developed countries.

New Universalism

The third generation of reforms are in process. In the last decade of millennium, there was a gradual shift towards what WHO calls “new universalism”. Rather than all possible care for everyone, or only the simplest and most basic care for the poor, this means delivery of high quality essential care, defined mostly by the criteria of effectiveness, cost and social acceptability. It takes cognizance of the fact that even if the organizational basis and quality of primary health care failed to live up to their potential, much of the technical footing remains sound and has undergone continuous refinement. It implies explicit choice of priorities among interventions, respecting the ethical principle that it may be necessary and efficient to ration services. This shift has been partly due to profound political and economic changes during the last two years. The Essential Health Interventions Program (EHIP), a venture of Canada’s International Development Research Centre has experimented with these concepts. It aims at assisting, at the district level, with the selection of essential clinical and public health interventions, taking into consideration community perceptions and preferences for health services.

Trends towards alternative approaches

Most of the population in developing countries still rely mainly on traditional practitioners and local medicinal plants for primary health care, and interest in traditional alternative systems of medicine has grown in industrialized countries during the last decade.

The World Health Organization has been encouraging and supporting countries in their efforts to promote and develop rational use of traditional medicine. As in 1997, there were 19 WHO collaborating centres for traditional medicine, eight of which were involved in training and research on acupuncture while the others were devoted to research on herbal medicines, their standardization, and exchange of information.

Indian Experience

The Government of India, in its Health Policy Document (1983) advocated the use of practitioners of indigenous and alternate systems of medicine in the health care delivery. It has provided adequate financial support for research and development for all Indian systems of medicines, viz. Ayurveda, Unani, Siddha, and Homeopathy. Such systems are now perceived as health allies in the delivery of primary health care in India. Their services are significantly cheaper and readily available and the remedies are free from side effects. India has about 400,000 practitioners of Indian System of Medicine (ISM), and 150,000 practitioners of Homoeopathy. There are about 600 under and post graduate ISM colleges and 4 national level institutes, producing about 10,000 graduates trained in these systems every year.

The Ayurveda, literally meaning science of life, is based on Atharvaved, an ancient Indian scripture, and was developed more than 3,000 years ago by Indian sages. There is a mention of about 15,000 drugs in its classical texts, of which 1,500 drugs are in wide use. The Siddha system is attributed to a great sage Agasthya. The Unani system is of Greco-Arabic origin and was developed and adopted by the Arabs after assimilating medical knowledge from India and Persia. Homeopathy had its origin in Germany and being practiced in India for nearly 150 years. Apart from these, naturopathy, acupuncture, acu-pressure, yoga, reiki, and other non-invasive therapies are being practiced in the country and considered under Indian systems of medicine.

The basic concept of all the three systems of Indian medicines is maintenance of a dynamic balance in the body between four fluids, viz. Blood (dahna), phlegm (balsam), yellow bile (saffa), and black bile (sauda). Every person is assumed to have a unique humoral constitution representing state of health. To maintain the correct humoral balance, the body has power of self preservation or adjustment, madecatrix nature (quwwat-e-mudabbira-e-badan) in the body. Weakening of this power causes imbalance in the humoral composition. Correct diet and digestion are also instrumental to maintain humoral balance. The imbalance of humors is considered to cause disease.
The therapy lies in restoring the balance through use of medicines of natural origin. These systems strongly advocate keeping a positive attitude and patience to overcome the disease condition.

The spices and seasoning material (herbs and plant seeds) in Indian food also have the medicinal effect. For example, turmeric (Curcuma longa L.) is considered to have antiseptic effects. It is used for healing of wounds and ulcers. Similarly, other spices like Lajsun (Allium sativum), Asafoetida (Ferula foetida), Cardamom (Amomum subulatum), Ginger (Zingiber officinale rosco.), Clove (Syzygium aromaticum), apart from their several medicinal effects, are considered good for digestion and reduce the bacterial effects on the food which are commonly found in tropical countries. Some other common plants and herbs are:

Neem or Azadirachta indica is well known for its medicinal properties. Neem leaves are used for reducing blood sugar levels and also for its antiseptic properties.

Almond - strengthens power of immunity.

Basil - is an effective drug for respiratory disorders. Crushed basil leaves with honey are good for cough and sore throat.

Castor - applying its leaves on an abscess helps it mature and heal.

Mint - is chiefly used for digestive problems as it helps relieve abdominal pain and flatulence.

Aloe - helps in combating conjunctivitis.

Some of these have been well researched and standardized at Jamia Hamdard in New Delhi. It has a Medical College of Unani System of Medicine, offering undergraduate and postgraduate degree courses in Unani System.

At the Hamdard University, we have a fairly large Faculty of nursing and our nursing students are given an orientation course about the basic principles of the Unani System of Medicine. The University Hospital offers Unani as well as allopathic services. The Faculty of Unani Medicine has researched and reported effective treatment of hepatitis, arthritis, hypertension, diabetes and vitiligo apart from all sorts of minor illnesses. Experiments and trials are being conducted for hyper-cholesterolemia and its therapeutic reports are very promising. The Hakims and Tabibas are quite effective in treating common day-to-day ailments. This observation confirms the findings of some health researchers to the effect that nearly 85 per cent of all illnesses generally reported is that of health care system are within the scope of the body's own healing processes to effect a cure (Joseph, 1996). Florence Nightingale also referred to disease as a reparative process. The body has the capability to heal itself if provided proper environment, diet and rest.

E.F. Schumacher, one of the original thinkers of our time, who gave the phrase “Small is Beautiful” has made a case for technologies to be made appropriate to the needs and resources of poor people in poor communities, and equipment designed to be relatively small, simple and capital-saving. In the same context, he has given analogy of making good shoes. To be a good Shoemaker, Schumacher (1979) states, it is not enough to know a lot about making shoes; you also have to know about feet. The small foot needs a different shoe, not an inferior one, but one of the right size. The provision of high quality essential health care to all in diverse social settings to rightly fit the health needs is the emphasis in the third generation health system reform (WHO, 2000). Coping health matters ingeniously on the criteria of effectiveness, cost and social acceptability seems to be the right fit.

REFERENCES


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