

# FUSING TRADITIONAL MEDICINE WITH THE MODERN

Relevant for: Developmental Issues | Topic: Health & Sanitation and related issues

Alternative medicine background. EPS 10, no transparencies used. Placed on two layers: background color and icons.

Revival of the Indian systems of medicine, which comprises Ayurveda, Yoga and Naturopathy, Unani, Siddha, and Homeopathy (AYUSH), served as one of the sub-themes of the cultural nationalistic reassertion in the early 20th century against the imperialistic British reign. Little wonder then that there are high hopes that the Narendra Modi government and its seeming nationalistic ardour will spell good times for the perennially neglected alternative medicine sector, especially Ayurveda. Much in line with the expectations, a number of initiatives to promote AYUSH have been recently announced. This includes: creating AYUSH wings in defence and railway hospitals; giving soft loans and subsidies for the establishment of private AYUSH hospitals and clinics; and building institutes of excellence in teaching and research in AYUSH. Also, 12,500 dedicated AYUSH health and wellness centres are planned to be set up under the Ayushman Bharat mission. Here, two important areas presenting significant policy concerns and implications can be identified.

One persistent tendency in our key strategies to mainstream AYUSH medicine has been to regard that the problem lies simply in there being 'less' of AYUSH. Hence, integration of AYUSH into the health-care system has been largely conflated with having more number of AYUSH facilities or having them in place where there aren't any.

It is common knowledge that AYUSH's relationship with modern medicine has been fraught with multiple issues — including quackery by AYUSH practitioners; ridicule of AYUSH treatments and procedures by many; and mindless cosmeticisation and export promotion of AYUSH products. However, has little by way of a concrete harmonising strategy has been devised to address these concerns. These issues are reflective of a sharp status gap between modern medicine and AYUSH that is highly detrimental for the optimal deployment of AYUSH resources. Merely expanding AYUSH's framework will only expand the present list of problems.

True integration would require a concerted strategy for facilitating meaningful cross-learning and collaboration between the modern and traditional systems on equal terms. This is the only way to address the subservient status of AYUSH and to foster its legitimate inclusion into mainstream health care. The Chinese experience of integrating Traditional Chinese Medicine with Western medicine makes for a good example. An Indian parallel could envision the integration of education, research, and practice of both systems at all levels. This can include training of AYUSH practitioners in modern medicine through curriculum changes and vice versa. However, this would entail substantial groundwork with respect to the prerequisites of such integration: namely, building a strong traditional medicine evidence corpus; delineating the relative strengths, weaknesses, and role of each system; negotiating the philosophical and conceptual divergences between systems; standardising and regulating AYUSH practices and qualifications; and addressing the unique issues associated with research into AYUSH techniques.

It is interesting to note that while China embarked upon the path in the 1950s, a solid road map to address the above challenges still fails to transcend political rhetoric in India.

Recently, the National Medical Commission Act, 2019 was passed in the face of much opposition from the orthodox medical community, apparently signifying political will. While an

earlier proposal for a bridge course for AYUSH graduates was shelved, there is no reason why the opposition to integration of traditional and modern systems cannot be nullified, particularly in view of the vast potential of AYUSH to contribute to universal health-care in India.

Historically, attempts at integration have been foiled by parties from both within and outside the AYUSH sector. In keeping with the recommendations of the Chopra Committee (1948), baby steps were taken to integrate the teaching of traditional and modern systems of medicines, proposals that were later scrapped. While the AYUSH lobby feared a loss of identity following such integration, the allopathic lobby alleged that standards of medical care would be diluted.

This kind of isolationist approach goes against the cherished ideal of modern medicine to embrace concepts that are backed by evidence. In the case of traditional medicine, an isolationist attitude could deter scientific scrutiny and block some potential value addition. An integrated framework should create a middle path — fusing the two systems, while still permitting some autonomy for each. Accordingly, a medium- and long-term plan for seamless integration should be developed expeditiously in view of the massive drive for achieving universal health care already under way in the country.

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