

STRENGTHENING OF HEALTH CARE DELIVERY SYSTEM: ROLE OF AYUSH

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ABSTRACT

India has committed to attaining Millennium Development Goals by the year 2015. These are a set of numerical and time bound targets related to key achievements in human development. However, research findings show that there are very large disparities across different states and regions in India in terms of performance on health indicators. Though, India has achieved remarkable progress in health sector, however, research studies have reiterated that there exists numerous identified and hidden diseases/disorders which have no viable solutions that modern system of medicine can offer. Therefore, National Health Policy (2002) and National Rural Health Mission (2005-2012) envisage an important role for Indian Systems of Medicine in delivery of health care services, however, the share of ISM & H budget constitutes only 2.09 per cent in the national health budget for the Tenth Plan, despite the increasing role of AYUSH in health care services. Integration and mainstreaming of Indian Systems of Medicine in the national health programmes and delivery system are essential in order to promote traditional systems of medicine and providing remedy to lifestyle induced disorders and diseases. The paper explores the prospective role of AYUSH in health care services delivery in India.

Introduction

India has registered remarkable progress in the human development arena, especially in the health and nutrition sector since we got independence in 1947. This can be illustrated through advancement in life expectancy, dropping of poverty incidences, plummeting in infant and maternal mortality rates and progression in economic front. Over the periods, India has invested sizable funds in establishing health care infrastructure across the country to improve health care delivery services to people, both in terms of quantity and quality. Generally, it is expected that harmonizing these efforts would be visible in overall health and nutritional status of the people in the country. However, reality speaks something different. For example, though there is a notable decrease in infant mortality rate from 146 per 1000 in 1951 to 58 per 1000 in 2004, pace of reduction level has been considerably reduced since nineties. Apart from this, there exists wide variation across the states and

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considerable rural urban differentials. The situation is very dismal in states, which are most populous, economically poor and with weak modern health care delivery system such as Orissa, Madhya Pradesh, Bihar, Jharkhand, Chhattisgarh, and Uttar Pradesh. This, no way implies that economically better states have diametrically opposite scenario. This, indicates a considerable gap in filling the health care needs of the people through modern system of medicine i.e. allopathy. So, in order to fill this critical void, options of exploring alternative system of medicines become more prominent.

Research studies, carried out across the globe have reiterated that there exists numerous identified and hidden diseases/disorders, which afflict humans, have no satisfying solutions that modern system of medicine can offer. Also, enormous expenditure involved in treating such diseases/disorders is out of reach for the poor countries including India. Thus, indigenous system of medicine can be explored and fully utilize its potential to improve the quality of life.

Currently, India is in the middle of rapid demographic, epidemiological, social and nutritional transition. Along with enjoying the fruits of development such as increased life expectancy, India has to fight with associated chronic and lifestyle related diseases/disorders such as diabetes, cardio vascular diseases, stress, hyper tension, cancer, arthritis etc for which there are no effective medicines in western system of medicine. ISM&H, especially Ayurveda, Yoga, Naturopathy can play a vital role in the prevention or delaying the onset of theses chronic ailments with more acceptable and affordable manner to the people especially vulnerable sections of the society.

Review of Development of ISM&H upto Tenth Plan period

Among various indigenous systems of medicines, **Ayurveda** is said to be dominant throughout the country more than 5000 years. Ayurveda is an integrated system of medicine that takes a comprehensive view on the physical, mental, spiritual and social aspects of human beings. Some of the key Ayurvedic treatments encompass of taking balanced diet(inclusive of cereals, fruits, vegetables etc.) appropriate exercise, meditation, herbs, massage, correct breathing practices and exposure to sunlight. The public, usually access Ayurvedic treatment for chronic ailments such as arthritis, gastro-intestinal problems, liver problems, skin problems, rheumatism, bronchitis, aneamia, muscular-skeletal problems, mental disorders and for various beauty treatments. Though Ayurveda prospered in ancient India, during medieval and British period due to various invasions from outside the country suffered considerably.

Arabs introduced **Unani medicine** in India, which has its origin in 5th and 4th century B.C. The Unani system received greater patronage from the Greeks. The system is based on the humoural theory, which advocates that the various organs in the human body get their sustenance through blood, phlegm, yellow bile and black bile. The treatment regimen is highly individualized. Medicines prepared under this system are plant based and some are based on animal and minerals. The system has found to be very successful in treating malaria, leucoderma, filaria, liver disorders, jaundice, eczema, metabolic disorders and arthritis.

The **Siddha System** of medicine is practiced in the state of Tamil Nadu, which has roots in the dravidian culture. This is also a comprehensive system, which include, diagnosis of the diseases, identifying the causes, and the current and general health status of the patient. The Sidhha system has been established to be effective in various chronic ailments such as liver problems, skin diseases, peptic ulcer, general weakness and prostate. It has been found that the Sidhha system can be effectively used for all kind of treatments except for emergencies. There exist several common attributes for both Siddha and Ayurveda emphasizing on individualized treatments.

In 1700 A.D., a German Physician, Dr. Hahnemann discovered the fundamental principles of **Homeopathy**. In treatment, primary emphasis is given to increase the immunity levels of the individual. It is based on the theory that introduction of the same object in very minute doses can cure the symptoms of a particular illness, which is the culmination of having the object in larger quantities. Homeopathy has definite and effective treatment for chronic diseases such as diabetes, arthritis, bronchial asthma, immunological disorders, and behavioral & mental disorders.

Yoga is a complex therapy, which has a key role in the promotional and preventive health care system. The major components of Yoga therapy include austerity, physical postures, breathing exercises, meditation etc. These are believed to play an important role in enhancing better circulation of oxygenated blood in the body and prevent stress and tension of the individual. Yoga therapy has gained importance due to the change in life style and rapid urbanization, which instill more stress and tension to the individuals.

Naturopathy is a way of life rather than a system of treatment. Treatment includes, consumption of natural foods (especially fruits and vegetables), adoption of purification practices, hydrotherapy using mud packs, massages and toning up of the body. Naturopathy is said to have provided many positive results for patients with chronic treatments and some time they are cured fully where the conventional system could not do much.

Prior to twentieth century, i.e. before modern system of medicine introduced in India, practitioners of indigenous systems of medicine including age old AYURVEDA and UNANI catered to the various health care needs of all sections of the society especially poor and vulnerable sections. Presently, there are over 690,000 registered ISM&H practitioners in the country; most of them work in outside government purview. Affordability, accessibility and acceptability are some of the key strengths of ISM&H, which make them more near to grass root level.

India also has a vast network of governmental ISM&H healthcare institutions. There are 3,100 hospitals with 66,366 beds and over 23,000 dispensaries providing primary healthcare. Over 23000 ISM&H practitioners qualify every year from 448 ISM&H colleges. In order to give focused attention to the development and optimal utilisation of this branch of medicine, a separate Department for ISM&H (now named as Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy (AYUSH)) was set up in 1995. This department supports four research councils and provides research grants to a number of scientific institutions and universities for conducting clinical research, ethno-botanical surveys and pharmacopoeial and pharmacognostic studies on herbal drugs and medicinal plants. Pharmacopoeial Committees constituted by the Department are finalising standards for single simple formulations and will shortly take up the task of formulating standards for compound ISM formulations. Despite all these efforts, the ISM&H have not realised their full potential because:

- There is a gross lack of essential trained manpower, infrastructure, vital equipments, facilities such as diagnostic and follow up in nature and medicines in the existing primary, secondary and tertiary healthcare institutions.
- ISM&H drugs are mostly plant based and of animal origin. Usage of these in appropriate quality and quantity is yet to be fully exploited.
- Non-existent/poor standardization of quality and manufacturing practices are compelling the clients, especially poor sections of the society to consume fake and inferior drugs.
- The quality of training of ISM&H practitioners has been below par. Many ISM&H colleges lack essential facilities, qualified teachers and hospitals for practical training. There is no system of Continuing Medical Education (CME) for periodic updating of knowledge and skills.
- The potential of the ISM&H practitioners in national disease control programmes, or family welfare programme including maternal and child health programme is not fully explored.

- There is no adequate regulatory and legal mechanism to control the over exploitation of Medicinal plants, as a result of it, they have been overexploited and thus the cost of ISM&H drugs have increased and spurious products are getting into the market.

The National Health Policy (2002) and the National Rural Health Mission (2005-2012) envision, an important role for the ISM&H practitioners in the delivery of health care services. The Department of AYUSH is making every effort to ensure that ISM&H practitioners are brought into the mainstream so that they provide a complementary system of care along with practitioners of modern systems of medicine.

Globally, there has been a revival of interest in a complementary system of healthcare especially in the prevention and management of chronic lifestyle-related non-communicable diseases and diseases for which there are no effective drugs in the modern system of medicine. India is currently undergoing demographic and lifestyle transition, which will result in the increasing prevalence of non-communicable diseases and lifestyle related disorders. ISM&H, especially ayurveda, yoga and naturopathy, can play an important role in the prevention and management of these disorders. ISM&H practitioners can undertake the task of counselling and improving the coverage and continued use of drugs in national diseases control programmes and the family welfare programmes. If ISM&H practitioners take up these tasks, they can enable the country to achieve the health and demographic goals set for the Tenth Plan successfully.

Health Care Services

The Tenth Plan aims at improving the quality of primary, secondary and tertiary care levels in ISM&H, with the Departments of AYUSH in the Centre and the states taking up several initiatives to improve the quality and coverage of these services at each level.

Primary Health Care

ISM&H practitioners provide primary healthcare to vulnerable sections of the population especially those living in urban slums and remote areas. In some states like West Bengal and Gujarat, ISM&H practitioners alone are posted in primary health centres (PHCs) in some remote rural and tribal areas. In Tamil Nadu, Siddha system of medicine is catering to the health care needs of large sections of the people. In Kerala, ISM&H practitioners provide a complementary system of care in the PHCs. It is important to ensure that the ISM&H dispensaries and hospitals are linked with PHC/urban health care centres so that they can have ready access to diagnostic and other

facilities available in these institutions and, at the same time, patients can choose the system for treatment according to their choice.

Secondary Health Care

ISM&H has distinct strengths to offer at the secondary level. Ayurveda offers effective remedies for arthritis, skin diseases, liver disorders, cardiovascular problems etc. Unani offers for skin disorders, malaria, rheumatoid arthritis, bronchial asthma etc. Homeopathy has excellent remedies for blood related problems, venereal diseases, cataract, hair loss etc. Ayurveda offers specialised therapies like Panchakarma for neurological disorders, Kshar-Sutra for treatment of piles. A new initiative in the secondary level healthcare include fully operating the CGHS Ayurveda Hospital, Lodhi Road, New Delhi and upgrading its current capacity of 25 bed to 50 bedded hospital by the Department of AYUSH. The development and expansion plan of CGHS dispensaries across the country is also under process the same are being executed. However, treatment through ISM&H is not generally available at secondary level. Hence there is a need to establish a wing of ISM&H in each district level to provide all or some of these treatment facilities to the people at their choice. At present 86 district hospitals across the country has AYUSH wing in operation.

A majority of existing ISM&H secondary level hospitals function as separate institutions and do not have linkages with either primary ISM&H healthcare institutions or with secondary healthcare institutions in the modern system of medicine. Very often these institutions lack adequate diagnostic facilities, infrastructure and manpower. The Ninth Plan had envisaged initiation of a pilot project to test the feasibility and usefulness of posting ISM&H practitioners in district hospitals. Some states did attempt to provide ISM&H clinics in district hospitals but the experience in this area has been limited. Some of the critical hassles encountered are:

- Lack of proper referral system.
- Health care delivery is demand driven.
- Each centre is a stand-alone structure makes further difficulty in appropriate coordination.
- As both indigenous system of medicines and western system of medicines are functioning incoherently and thus unable to optimize/ utilize the facilities offering by these systems.

Tertiary Healthcare

All ISM&H colleges, private as well as public, have attached tertiary care hospitals. In addition, there are tertiary care and/or specialty centres

attached to national institutes. Private/voluntary sector institutions also provide tertiary care in ISM&H. An example to this can be traced from setting up of a special wing of Ayurveda and Panchkarma in NIMHANS, Bangalore. Recently, the Department is taking every effort to mainstream AYUSH through deploying AYUSH doctors in major tertiary care institutions in the central sector. All states are also being encouraged to follow similar strategy both at tertiary care level and in district hospitals.

During the Tenth Plan, the Department of AYUSH is providing funds to strengthen many of these institutions through various centrally sponsored and central sector schemes. One Unani specialty clinic was established in the Ram Manohar Lohia Hospital, Delhi and one Ayurvedic and one Homoeopathic unit was established in the Safdarjung Hospital, Delhi. The Department has also provided funds for establishing specialty clinics in the National Institute of Mental Health and Allied Sciences (NIMHANS), Bangalore, These clinics are reported to have very good attendance.

During the Tenth Plan, a major thrust has been given to mainstream the AYUSH system and utilise AYUSH practitioners by:

- Ensuring that AYUSH services are provided at all three health care institutions such as the primary, secondary and tertiary care levels and strengthening the linkages between both modern medicine and AYUSH systems;
- Working on the gray areas for the use of AYUSH therapeutic modalities for diseases for which the modern system does not have effective drugs, to minimize or prevent the serious side effects generated by using modern system of medicines and prevention and management of lifestyle-related chronic diseases;
- Increasing the utilization of ISM&H practitioners working in government, voluntary and private sectors to improve information, education and communication (IEC) and counseling to improve utilization of services under national health care programmes and family welfare programmes;
- Strengthening tertiary care institutions in the AYUSH sector through upgradation and standardization of teaching, training, Research & Development;
- AYUSH drugs are predominantly of plant-based raw materials thus ensuring the quality of their preparations and formulations needs utmost care for preserving the purity of end product.
- Strengthening its existing research institutions through establishing state of art institutions for each system.

Financing of ISM&H

The below table indicate a comparative picture of the financing pattern of ISM&H during ninth and tenth plan. It can be deduced that though this system of medicine cater to the needs of very large sections of the society, it shares only 1-2% of the National Health Budget.

Table 1
Share of Each Department as a % of Total Health Sector Budget

Sectors /Heads of Department	Ninth Plan Outlay (1997-2002)	Tenth Plan Outlay (2002-2007)
Health	24.96	27.59
Family Welfare	73.74	70.32
AYUSH	1.30	2.09

Source: Mid-Term Appraisal on Health Sector, Planning Commission, GoI.

Spreading the limited resources too thinly on vital areas of ISMH stream would only result in sub-optimal utilization of already established infrastructure, substandard education, resulting poor levels skills acquired by the practitioners, and usage of spurious drugs in the market. India has to learn from the experiences of countries like China and Korea, whom have invested heavily for establishing high quality educational and research institutions in the field of traditional medicine. Apart from this there is urgent need to step up the resources in a systematic way. Apart from research, there is a need to look at the availability of infrastructure already established, then to enhance their quantity without compromising on quality, availability of raw materials, technology development, to improve the awareness of the utility of these systems to the public, setting up of high quality laboratories and regulatory and legal institutional framework to check drug standards. All these need more financial support and thus investing more funds in AYUSH is the need of the hour. At the state level also funds to be utilized in the optimal manner to enhance the benefits of AYUSH to the needy people.

Department of AYUSH is implementing 3 centrally sponsored schemes namely (i) Development of Institutions, (ii) Hospitals & Dispensaries and (iii) Drug Quality Control. Through development of Institutions, Department of AYUSH aims to develop both under graduate and post graduate educational institutions, providing in-service training to already employed AYUSH practitioners, establishment of newer institutions and upgradation/renovation and strengthening of AUYSH institutions which are already present across various states.

The scheme Hospitals and dispensaries assist state governments to set up AYUSH Polyclinics with specialized treatments such as Panchakarma, Yoga, Naturopathic treatment facilities, setting up of AYUSH wing at the district level hospitals, and provision of essential AYUSH drugs in rural and remote areas.

The scheme, drug Quality Control supports regulatory mechanisms in the validation and standardization of various AYUSH drugs across the country.

There are 9 Central Sector Schemes under Department of AYUSH, which are Strengthening of Department of AYUSH, Educational Institutions, Statutory Institutions, Research Councils, Hospitals & Dispensaries, Medicinal Plants, Strengthening of Pharmacopoeial Laboratories, Information, Education, & Communication, Other programmes and schemes.

Through Educational Institutions, Department of AYUSH has initiated the establishment of separate National Institute for each system for efficient development of the overall AYUSH system in the country. There are four National Institutes, one for Ayurveda in Jaipur, for Homeopathy in Kolkata, for Yoga in New Delhi, Unani in Bangalore and Sidhha in Chennai. These institutions are fully functional and operational.

The Department has four Research Councils; namely, (i) Central Council for Research in Ayurveda and Siddha (CCRAS), (ii) Central Council for Research in Unani Medicine (CCRUM), (iii) Central Council for Research in Yoga and Naturopathy (CCRYN) and (iv) Central Council for Research in Homoeopathy (CCRH). These Councils are undertaking clinical research activities on drugs of respective indigenous system of medicines, survey on Medicinal Plants, drug standardization and validation, tribal and family welfare research carried out through various units set up across the country.

Through, Hospitals and Dispensaries scheme, the Department of AYUSH is implementing AYUSH wing in CGHS dispensaries and expansion & up gradation of these wings are one of the main agenda of this scheme.

The Indian Systems of Medicine viz. Ayurveda, Unani, Siddha and also the Homoeopathy system predominantly use plant based raw materials in most of their preparations and formulation. Medicinal plants constitute 80% of the raw material for the preparation of AYUSH drugs. The credibility of these systems, thus mainly depends upon the use of genuine raw materials in the manufacture of drugs of these systems. The main source of availability of these medicinal plants is forests. Due to continuous exploitation of these plants in forests, lack of regulatory mechanisms, non-existent/poor regular

developmental programmes in the forestry sector, a number of species have vanished and thus resulting in more raw medicinal plants and economic loss. In order to address this critical area, Department is implementing a scheme namely Medicinal Plants Board.

The credibility and development of the system will by and large depend on availability of quality medicines. Through respective pharmacopoeia committees for Ayurveda, Siddha, Unani and Homeopathy, the Department of AYUSH is laying down standards for drugs. Though significant progress has been achieved in this regard, a further impetus to this objective is needed so that pharmacopoeial standards are available for all the drugs under AYUSH.

Traditional Knowledge Digital Library (TKDL) was established by the Department of AYUSH for Ayurveda with the objective of systematically coding 36000 in 14 ancient books to prevent grant on patents on non-original inventions. The first phase of this has been already completed and similar initiatives have already begun for Unani and Siddha systems.

Golden Triangle Scheme, a central initiative involving the Department of AYUSH, Council of Scientific and Industrial Research (CSIR) and Indian Council of Medical Research (ICMR) aims at harmonizing the latest technological and diagnostic advancements made by modern system of medicines and vast heritage of the AYUSH system. Through this, newer technologies are expected to emerge which will have to play an important role in enhancing the quality of both the system of medicines.

Through the scheme of Information, Education and Communication (IEC), the Department is tirelessly aiming to enhance the popularity of these indigenous system of medicines, through print and electronic media, kiosks/ bill-boards in important public places, health melas etc.

The table below captures the financial performance for the Department of AYUSH during the Tenth Plan Period.

Table 2
Financial Performance 2002-2007

<i>AYUSH</i>	<i>Approved Outlay</i>	<i>Rs in Crores</i> <i>RE/Expenditure</i>
Tenth Plan(2002-07)	775.00	
2002-03	150.00	89.78
2003-04	145.00	133.97
2004-05	173.00	200.00
2005-06	345.00	300.00
2006-07	283.00	

Though, there is an increasing trend in financial allocation for the sector is realized, the quantum of increment remains moderate. Also, more funds concentrating in the central sector is a matter of concern. However, a welcome change is visible from 2005-06 onwards.

Integration and Mainstreaming ISM&H in the National Health Programmes and Delivery System

Public spending on Health Care in the recent past paints a very gloomy picture of very low expenditure (less than 1% of GDP). The National Common Minimum Programme (NCMP) of United Progressive Alliance (UPA) came into power in 2004 calls for enhancing public spending on health to at least 2-3% of GDP by 2009-10 and with more energized attention on primary health care. The ultimate goal of "Health for All" can be achieved if the huge infrastructure of AYUSH systems is utilized through integration with modern medicine in a holistic manner.

Need of the hour is how the integration between AYUSH dispensaries/hospitals and modern system of medicine can be made effective and operational. As, AYUSH system of medicine has both people's confidence especially in the remote and difficult terrain and this system of medicines are affordable, acceptable and accessible the outreach can be enhanced with minimum investments without compromising on quality of health care services offered.

Unani system of medicine offers effective remedies for malaria and filaria etc. Ayurveda offers effective treatments for arthritis, neurological disorders, asthma, ambulatory treatments for fistula and skin disorders. There need to be people friendly atmosphere to integrate these systems of medicines in the national health programmes. Mainstreaming of AYUSH is one of the integral components of the National Rural Health Mission (NRHM), which aims at bridging the infirmities in the present health care system. NRHM proposes the mainstreaming through providing AYUSH facilities in PHCs, CHCs and District Hospitals and other hospitals of modern system of medicine and provision of various tried and tested crucial drugs/medicines through out state dispensaries and primary health care centres where AYUSH system of medicine is well established. Also, National Implementation Frame work at NRHM (2005-2012) encourages states to have contractual hiring of AYUSH doctors instead of permanent recruiting.

The Population Policy 2000 also advocates utilization of ISM&H facilities to fill manpower gaps at various levels of the health infrastructure and to involve them in health and family welfare related programmes. It also seeks dissemination of the tried and tested methods and medication of

indigenous system of medicine in ante-natal and post natal care. Currently, 7 Ayurvedic and five Unani medicines introduced in 9 states of India under RCH programme. Also, the Ministry of Health and Family Welfare have approved three more Ayurvedic medicines for anaemia and Leukoria for usage. In Tamil Nadu 50 Siddha based medicines are introduced in various health care programmes.

In National Health and Disease Control programmes where minimum clinical interventions are needed, vast human resources available with AYUSH system of medicine could deploy such that the critical issue of shortage of manpower in the health sector can be addressed adequately. These practitioners can also be effectively participated in imparting training to ASHAs, ANMs and Anganwadi workers regarding usage and dosages of various AYUSH medicines for the management of common simple diseases. In India, public health care delivery system functions through Sub-centers, Primary Health centers, Community Health Centers, district hospitals and hospitals attached to medical colleges and various other health care centers such as CGHS dispensaries etc. Among these, Sub-centre is the first point where people especially poor people come for health care needs. However, Sub-centre is not manned by any qualified doctor. Hence, in case of emergency, patients have to reach other health care facilities which invariably not reachable by poor people in a stipulated time. Thus strategies can be designed to man sub-centres by AYUSH doctors who are qualified than ANMs and their services could be utilized for various IEC activities for prevention and promotion of better health care practices.

New initiatives in the Tenth Plan

- An Ayurveda wing in the Army Base Hospital, Delhi Cantonment, and in the Armed Forces Medical College, Pune have commenced functioning. Collaboration with the Sports Authority of India for mainstreaming yoga into the regular curriculum, to improve the stamina and efficiency of sports-persons, is on the anvil.
- 31 State Medicinal Plant Boards were set up, overseen by the National Medicinal Plant Board, with dissemination of cultivation practices relating to medicinal plants. A Herbal Medicinal Garden has been set up in the Rashtrapati Bhavan estate.
- The Traditional Knowledge Digital Library (TKDL) project has been completed. Digitalisation of ancient traditional knowledge relating to ayurveda, siddha, unani and yoga has been attempted for the first time.
- A National Institute of Siddha in Chennai started functioning during 2004-05 with postgraduate education in six specialities.

- A National Institute of Unani Medicine, Bangalore, was operationalised with postgraduate education in four specialities in 2004-05.
- The Department of AYUSH has completed preparatory work to establish a Regional Institute of Ayurveda and Homeopathy, at Pasighat, Arunachal Pradesh. The state government has already allotted 50 acres of land, free of cost. This Institute will have under-graduate teaching facilities in ayurveda and homeopathy exclusively for students of the north-eastern region, including Sikkim. This will further promote appropriate development and utilisation of the rich bio-diversity and medicinal plants across the region. This initiative will utilise the non-lapsable 10 per cent Plan funds earmarked for the north-eastern states.
- Collaborative research studies on non-communicable diseases such as diabetes, migraine, Alzheimer's diseases, eczema, psoriasis etc are vigorously under taken by the Ministry through various research Institutes in AYUSH and modern system of medicines.
- Application for acquiring patent for various AYUSH drugs developed by Indian Scientists.

Conclusions

Western system of medicine as well as age old indigenous systems of medicines namely Ayurveda, Yunani, Yoga & Naturopathy, Sidhha and Homeopathy co-exist in modern India with an objective to cater to the various health care needs of the population. Both, in terms of recognition and financial patronage modern system of medicine marginalize AYUSH system of medicine. However, with sheer strength of accessibility, affordability and acceptability, AYUSH is emerging as strong alternative to the modern system of medicines. A huge number of trained and skilled manpower allow the provision of healthcare to the people more easily than the short supplied manpower in the allopathic. Globally, there is a revival of health care seeking pattern is visible and the same is reflecting in Indian scenario also. Implementation of the national Policy on the use of ISM is crucial for defining its role and for ensuring that the legal and regulatory mechanisms set up to maintain the quality as well as the proper usage for enhancing the overall health care delivery system in the country.

The discipline of ayurveda has specific strengths for example, in ante-natal, postnatal and neo-natal care. Ayurveda practitioners can be trained and sensitized to policy and programme implementation in these sectors. Similarly, ayurveda is strong in dealing with osteo-arthritis, and problems of the elderly, without pain killers. In non-communicable diseases, ayurveda can improve quality of life particularly in diabetes, and in degenerative

diseases that afflict the elderly. Ayurveda has preventive and curative pills and potions for seasonal changes that really work. Yoga is preventive, and a yoga orientation from village level upwards would do wonders for preventive and promotive health care. Medicinal plants need to be encouraged in every block of the country, and this will provide livelihoods as well. Small manufacturing units will resolve the matter of bio-waste as well. Similarly, Unani and Homeopathy can also offer better management and services in respect of various chronic ailments.

Some of the hassles which are plaguing AYUSH system of medicines are low investment, scarcity of research with respect to evidence-based studies on the efficacy and safety of traditional Indian medicines and appropriate regulatory mechanisms. Thus, as envisages in National rural health Mission and other policy documents higher investment are needed for enhancing both quality and quantity of healthcare services through AYUSH system of medicines. Also, as the essential ingredients in most formulations are not precisely defined, high quality research studies are needed to validate, evaluate and compare the value of traditional Indian drugs to modern medicines.

It is important to ensure that the ISM&H dispensaries and hospitals are linked with PHC/urban health care centres so that they can have ready access to diagnostic and other facilities available in these institutions and, at the same time, patients can chose the system for treatment. Also, the vast number of manpower created in this sector needs to be optimally utilized by mainstreaming them in the national health and family welfare programmes.

There is an urgent action oriented approach is needed to establish state of art institutions in ISM&H to cater the ever growing demand receiving from inside and outside the country. Also, most of the literature is available in Sanskrit and Urdu especially for Ayurveda and Unani respectively; hence teaching and understanding of these languages are essential pre-requisite for promoting professional and skilled services. ISM can make a substantial contribution in Reproductive and Child Health (RCH) programme and population stabilization of the country.

Medicinal plants constitute 80% of the raw material for the preparation of ISM&H drugs. There is an ever-increasing demand for the medicinal plants within and outside the country. In order to appropriately exploit and tap the full potential of this industry foolproof policy guidelines, regulatory mechanism and legal sanctity are essential ingredients.

“Health For All” can be achieved by India in the near future if we could develop a harmony among various health care systems available in the country to cater to the various healthcare needs of the population. Being

home to one of the global centers for plant diversity, which are rich in medicinal and aromatic plants occurring in diverse ecosystems and also with skilled manpower India can become global destination for health care needs. Leveraging this unprecedented opportunity India can hope better future both in terms of economy and human development.

REFERENCES

- Tenth Plan Chapter document on Health, AYUSH, Family Welfare and Nutrition, Planning Commission, Government of India, 2001.
- Annual Plan Chapters on AYUSH Sector, various Years, Planning Commission, Government of India.
- Mid Term Appraisal of Tenth Five Year Plan, Chapter on Health Sector, Planning Commission, Government of India, 2005.
- Human Development Report 2005.



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