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Integrative Medicine in J&K: Opportunities and Challenges

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INTRODUCTION

India, the cradle of civilization has always been an epicenter of medical pluralism. India gifted the world with some of the popular health care systems which includes Ayurveda, Yoga and Siddha and disciplines of Unani and Sowa Rigpa (Amchi). These organized systems of health care evolved on this great land to be propagated all across the world. The beauty of medical pluralism is that these systems have so deeply ingrained in the Indian culture that even after the wider popularization of western biomedical medicine, a great proportion of Indian population seek health care from these systems of medicine vis a vis biochemical medicine which laid the foundation of integrative medicine in India. In recent years, with the increasing burden of communicable and non-communicable diseases, health care policy makers have realized that a single system of health care is not sufficient to provide holistic health and cater the health needs of an individual or a community, which changed the focus of health care policy makers to look towards the idea of integrative medicine. In the recent years, due to emergence of Covid-19 pandemic, the global upsurge of utilization of Ayush and Complementary and Alternative interventions for prevention and management of Covid-19 has been registered. Public health agencies in India promoted the use of integrated medical interventions in order to tackle this global health problem when there was no vaccine on the horizon. Patients and physicians worldwide use integrative medicine for the management of Non-communicable diseases in order to reverse it or stop its progression. It is therefore necessary to understand the term in the larger perspective of health care and its scope in the health care delivery system for better public health

outcomes.

According to the Academic Consortium for Integrative Medicine and Health, integrative medicine focusses on the whole person and perceives the human as sum total of all the parts and its environment in which it lives and thrives rather than the structure and function of individual parts and organs which need to be corrected when these fail to perform their functions optimally. Integrative medicine makes use of all appropriate therapeutic and lifestyle approaches, healthcare professional and disciplines to achieve optimal health. This approach is based on the relationship between practitioner and is informed by evidence, which makes it a patient centered and doctor-patient relationship centric approach which combines the best of western medicine and alternative systems of medicine comprising nutritional and physical activity interventions, mind-body approaches such as Yoga. Increasing research activities in the arena of integrative medicine have suggested the safety and effectiveness of a variety of integrative approaches.¹ National Health Policy 2017 also emphasized on the integrative medicine by mainstreaming of Ayush in the health care delivery system through co-location, integrated courses and inclusion of Ayush for disease prevention and health promotion.² Despite co-location of Ayush health care facilities, establishing integrative medicine in J&K health care delivery system is yet a dream to be realized. As discipline of integrative medicine is still in its nascent stage in India, aim of this article is to explore the opportunities and challenges for implementation of integrative medicine in public health sector of Jammu and Kashmir



Definition and Scope:

Integrative medicine is defined as healing oriented medicine that combines evidence based therapies of conventional and alternative systems to promote healing in an individual keeping in view all the aspects of his/her lifestyle and living conditions. Integrative approaches are critically more important for establishing total health or wellbeing of the individual. Integrative medicine fundamentally based on the 4Ps of the health care i.e. predictive, preventive, participatory and personalized and can prove to be of great value in effective management of public health care. The focus of integrative medicine approach is on restoring homeostasis instead of fixing a defect or disorder. Therefore, when diseases do not have clear treatment as in the case of Covid-19 in recent pandemic, the philosophy and principles of integrative medicine can be used to facilitate recovery, restoring quality of life, reducing the cost of care and shifting the locus of control from external i.e. physician centric to internal i.e. patient centric, giving more control to individual for taking charge of its health.³ Spectrum of therapies in Integrative medicine includes use of botanicals, acupuncture, energy healing, nutritional advisement, mind-body interventions and other manipulative techniques which involves the use of spiritual, emotional, environmental and physical means for holistically treating the individual and considering all the aspects of patients in treating illnesses which require a prudent relationship between patient and practitioner, so that the health goals of a patients are achieved.⁴

The philosophy of integrative medicine is not new, in classical treatises of Ayush systems, the concept of integrative medicine is much talked about. In the famous treatise of Internal Medicine of Ayurveda, Charak Samhita, philosophy of treatment is based on the principle of “*Purusham Purusham Vikshay*” means treatment of an illness must be personalized on the basis of health care needs of an individual with focus on the dominant etiological factor. Therefore, even a patient of skin disease may be subjected to a set of treatment including psychotherapy if he/she requires so. Ancient health practitioners like *Charaka, Sushruta, Vagbhatta* were simply able to experience, observe and reflect on the human condition and prescribe a line of treatment comprising drugs, surgical intervention, lifestyle modification, specialized nutrition and behavioral change, setting the stage for practice of integrative medicine. With the emergence and rising incidence of chronic, degenerative disorders where etiology is not very much

clear such as heart diseases, irritable bowel syndrome, chronic fatigue or pain syndrome, auto-immune disorders, which require evaluation and treatment of more than one organ or organ system, limitations of western medicine becomes more prominent leading to shifting of paradigm towards the utilization of integrative medicine. Integrative medicine highlights that healing does not equal to curing. One can cure a condition such as hypertension with one or more pharmaceutical product without healing the patient. Healing would facilitate changes that reduce the stress, improve diet improve diet, promote exercise and increase the person’s sense of community.⁵

Integrative medicine dedicates more time and effort on disease prevention addressing the lifestyle and psychosocial factors instead of waiting to treat diseases once it manifests. With every passing day, Chronic disorders are increasing the financial burdens on the pockets of individuals but also accounts for much of public health care costs. These disorders not only cause significant morbidity and mortality but also impair the gross productivity of the nation. With use of integrative medicine in public health institutions, broad understanding of human body, mind and contexts can lead to the disease prevention but also slowing or reversal of disease as integrative medicine involves using the best possible treatments from both Complementary and Alternative Medicines and allopathic medicine based on the patient’s individual needs and conditions.⁴

Scope of Ayush for Integration in Specialty care of Various Bio-medical Disciplines Table 1

Integration of these Ayush Specialty into existing public health service delivery i.e. Primary, secondary and tertiary health care level will not only help make public health service delivery more vibrant but also help in decongesting the tertiary care hospitals sparing them for research and development.

Challenges in implementation of Integrative Medicine:

1. Over medicalization of human biology whereby new diseases are continually being discovered many of which are natural aspects of human life and over emphasis on reductionist approach of research i.e. Randomized controlled clinical trials as highest level of evidence of clinical efficacy and safety are major impediments in implementation of Integrative medicine.
2. Research funding is heavily biased towards quantitative and reductionist approach of research without any weightage to the qualitative research.

3. Corporate control of Public Health and market forces are the factors in implementation of integrative medicine which project traditional systems of medicines as unscientific and not evidence based.
4. Publication is biased such that only certain kind of data get published due to decisions by researchers, authors, editors and reviewers these decisions are often fashion-based and prejudicial to nonbiomedical medical models.
5. Lack of supportive public health policy which nurture integrative health care service delivery and research under one roof.
6. Lack of cross talks between academia and research fraternity of Conventional and Traditional systems of medicine leading to alienation of the two systems from each other. Lack of collaborative and multidisciplinary approach of research and academics of human health and its various factors is also one of the notable barrier.

Solutions for implementation of Integrative Medicine:

Collaboration is the mantra of integration, inclusive health courses, collaborative research and development efforts and inclusive health policy are the functional solutions for implementation of Integrative medicine in the hierarchy of public health delivery system.

Integrative Health Education: A joint task force with experts from various specialties of Ayush and Biomedical systems (Conventional Medical Systems), Public health experts, Health administrators must be constituted to design a rational curriculum wherein best practices of both the systems may be included for the integrative health education. Post Graduate Diploma and Degree Courses may be introduced from the platforms of health universities. capsule teaching modules can be designed to train the specialists across the systems as per the capability. Post PG Fellowship programs for specialty programs like Laproscopy, Radiology, USG, Clinical Pathology, Emergency Obstetrics, Anesthesia may be offered to Ayush PGs. Likewise Fellowship programs in Ksharsutra, Panchkarma, Medicinal Plants, Yoga and Meditation can be introduced for the biomedicine counterparts. In recent times also NMC has prescribed internship and concepts of Ayush systems to be included into the curriculum of MBBS which might require establishing Ayush chair in the Medical Colleges to oversee the implementation of integrative curriculum. Likewise, in Govt. Ayurvedic Hospital especially Stand alone tertiary centers there must be provision of Full time or at least on-call Surgeons, Anesthetists, Gynecologists, Physicians, Pathologists to handle critical care and to provide emergency service, this

will increase the foot fall of patients in these hospitals thereby decongesting the Govt. Medical colleges and associated hospitals. This will also help in providing adequate exposure to interns of Ayush systems and to integrate the therapeutic protocols with the best practices of Ayush which in long term would be beneficial for overall health of the patient. In the institutes of academic excellence, there should be collaborative teaching and research wherein best elements of Ayush systems and its strengths are shared conceptually through Academic Exchange Programs. This kind of integration is being seen in many centers of excellence like Amrita Institute, AIIMS, AIIA (All India Institute of Ayurveda), Intergrative Oncology: with focus on preventive oncology, Palliative and Rehabilitative approach is one such example. AIIA has a research collaboration with Institute of Preventive Oncology (Noida). Preventive cardiology (Madhavbaug is a famous organization which provides integrative cardiology services especially in terms of reducing the risk of heart attack and prevention of a heart attack through holistic interventions). Health Promotive Mother and Child services in terms of holistic nutrition, Yoga and labor practices are quite prevalent these days in the form of Garbhasamskar centers. Recently All India Institute of Research also released Intergrative protocol in Musculoskeletal Disorders.

Re-orientation of Health Care Delivery System: In most of the states and UT of Indian Republic, Ayush and Health and Family welfare departments work in their domains providing almost similar services to the clients without any convergence. At this point of time, when health care needs of the community are increasing and health human resource is falling short of the projected requirement, it is imperative to re-orient and integrate health care systems so that Comprehensive Primary Health Care which is more rural health care setting oriented, is provided by Ayush and first referral units requiring more sophisticated medical attention are managed and handled by Biomedical experts. Panchkarma, Ksharsutra, Yoga, Naturopathy, specialty Ayush services should be co-located in the secondary and tertiary health care delivery points enabling health care facility to become a holistic health center or wellness center. Integrative health check up and Life style modification in accordance with personal temperament i.e. Prakriti/ Mizaj help the client to preserve health for a longer duration which would ease the ever increasing pressure on the health care system. India must learn a lesson from China, where Traditional Chinese Medicine is well integrated in Public health care delivery system and the two

systems of medicine well in convergence with each other.⁷

Integrative National Health Programs and Policies: Inclusion of elements of AYUSH systems into the national health programs is another area of Integration which would definitely lead to better outcomes of the National Programs. Ayush systems are highly popular for their nutritional and dietary discipline which is a strength area by virtue of which these can be easily integrated with Anemia Eradication Program, NTEP, NCPDCS and RCH Programs. A collaborative Inter Mission Convergence between NHM and NAM will a bridge to fill the gaps of the unilateral approach of National Health Programs. J&K can become a harbinger of this best practice of integrating disease surveillance and implementation of National Health Programs by appropriately training CHOs, MLHPs, Ayush Medical Officers and Medical officers allopathy. Policy makers at the state and union levels must be sensitive about the local and regional healthcare needs and must initiate health reforms with integrative medicine which will bear fruits in terms of better health care indicators and cost savings in program implementation.⁶ The National Health Policy (NHP) 2017 has strongly advocated mainstreaming the potential of AYUSH within a pluralistic system of Integrative healthcare. The NHP 2017 uses a new language of 'medical pluralism' and re-emphasizes the need for integrating AYUSH in the National Health Mission, research and education. Indeed, the NHP 2017 is the most powerful policy expression of integrative healthcare since independence for which the Ministry of Health and Family Welfare must be congratulated.⁸

Projected Benefits of Integration of Health Care Systems:

1. Evidence collection and Presentation of Best Practices.
2. Supplementation and gap filling and capacity building especially with respect to Manpower, Infrastructure, logistic and reach of the health care delivery system.
3. Implementation of Comprehensive Health Care policy is not possible without integrative medicine.
4. Better Implementation of National Health Programs.
5. Integrative Research Opportunities will lead to better therapies and drugs discoveries.
6. Development of Model in the Global Health and Public Health Sector.
7. Reduction of health care delivery costs.
8. Better acceptance by Public and Patient community.

CONCLUSION

Integration and collaboration is the key for better public health service delivery. Difficult terrain, scattered population, poor connectivity and terrorism are some of the bottlenecks which affect the public health care delivery. Therefore, Integratoon of health services is the need of hour. Integration has bilateral benefits in terms of cost reduction, better health program and policy implementation, capacity utilization and implementation of comprehensive health care. Health sector in J&K must look beyond the co-location of Services in health care institutions and must make way for functional integration for continuum of care with to and fro referral linkages. Instead of working in water tight compartments, multidisciplinary approach of treatment would lead to early resolution of disorders. J&K can take a lead in implementation of integrative health services in India.

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Table 1 Scope of Ayush for Integration in Specialty care of Various Bio-medical Disciplines

Discipline	Ayush Strength Areas to be considered for Integration
Internal Medicine	<i>Kayachikitsa and Panchkarma</i> (Biological system Detoxification), Preventive Cardiology, Preventive and Palliative oncology. Integrative Diabetic Care through Ayush interventions, lifestyle and diet modifications and Yoga are the areas which can be integrated into the field of Internal Medicine for the prevention and management of NCDs and Life style related disorders.
Othtopedics, Rehabilitation and Pain Management	<i>Marma</i> Therapy, Siravedh, Therapeutic Cupping, <i>Agnikarma</i> , Local Panchkarma Modalities like <i>Kati Basti, Manya Basti, Jaanu Basti</i> etc. for pain and joint dysfunction management, pain management, sports medicine etc.
Pediatrics	<i>Suvarnaprashana</i> (Ayush nutritive and immune enhancement intervention), Rehabilitative Pediatrics in Neurological Deficit conditions like Cerebral Palsy, Neuro-degenerative disorders like Dystonias and Dystrophy etc. Neuro-psychological conditions like Autism spectrum disorders, ADHD etc. speech problems etc. Developmental Pediatrics and Rehabilitation Pediatrics, Pediatric Nutrition and Holistic Parenting Practices are the areas for which Ayush can be integrated into Pediatrics.
Gynecology and Obstetrics	Obstetrics: <i>Garbha Samskar</i> for (Pre-conceptional counselling and Holistic Ante-Natal Care) to promote healthy progeny, labor and delivery. Pre-natal Yoga and Meditation, Diet and Lifestyle. Medicated Enema, Holistic Labor and Delivery practices based on traditional massages during labor and puerperium. Gynecology: Lifesycle approach from adolescence to Menopause, Rajaswala Paricharya (Menstrual health promotion through LSMs), Non-hormonal management of diseases like PCO, Endometriosis, Infertility. Syndromic management of DUB, Abnormal vaginal discharge and cervical lesions through <i>Agnikarma</i> (Therapeutic Scarring of cervix).
Reproductive and Sexual Medicine	<i>Rasayana and Vajikarana</i> Through counseling and using various medicinal herbs and Ayush interventions like Basti (Medicated Enema) which promote the sexual drive, improve the quality and quantity of gametes and improve sexual health.
Surgery	Ano-rectal disorder management through Kshar Karma and Kshar sutra, <i>Agnikarma</i> (Therapeutic scarring) for local skin lesions, Rakta Mokshana (Blood letting techniques) and Wound Management (Burns and chronic ulcers which are resistant to heal through conventional therapies.
Skin and Cosmetology and Management of Allergic skin disorders.	Many traditional recipes of Lepa (cosmetic masks), Herbal decoctions and Panchkarma helps in the eradication of skin disorders especially in Atopic dermatitis, eczema, psoriasis and lichen conditions and other auto-immune disorders.
Clinical Nutrition	Personalized Dietary counselling based on the principles and practices of Ayush, Ayurdietetics and Illaj bil Giza.
Dental and Oral Health	Kavala, Gandusha (Medicated Gargles), Pratisarana (Topical applications) are strength areas for the management of Periodontal disorders and oral health issues like submucous fibrosis.