Role of Complementary and alternative medical care: a study based on AYUSH

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Health is the important part of quality of life. The relationship between health and poverty or health and development is a complex multifaceted and multidirectional poverty has a direct bearing on the morbidity and longevity of people though preservation and promotion of health is one of the most basic human rights, India is still lagging behind in realizing this distant dream. Public health is concerned with the health of the community as a whole. Its key goal is to reduce population's exposure to disease. It has been said that: "Health care is vital to all of us some of the time, but public health is vital to all of us all of the time". In the present world both the developed and developing countries focus mainly on public health care. A large amount of money is kept for research and development in the health care sector. Medicines and new way of treatment had been adopted by the countries. In India, the government spends relatively larger portion on health care. Kerala's health care system has garnered international acclaim. The state has a very good medical facility. The United Nations Children's Fund (UNICEF) and the World Health Organization (WTO) designated Kerala the world's first "baby friendly state" because of its effective promotion of breast feeding over formulas.

Disease and ill-health cause considerable hardship not only physical but also economic. Chronic ill-health, particularly among earning members affects household's economic viability through earning loss, assets disposal and borrowings. It has been seen that the expenditure on treatment had worsened the economic conditions of the family in such a way that they are slipped into the below poverty line. Some of the treatments for chronic diseases are available only in the private sector. Even though it is treated in government hospitals, the cost of medicines is enough to make the economic condition of the patient worse. Health aspect of a nation affects the economic growth and development of its people as it affects the level of

income, and hence affects the consumption of goods and services. This means that there is a positive relationship between health and stages of economic growth and development.

The main method of treatment followed by the people is allopathic and other methods by the intake of drugs. Allopathic treatment is used to cure almost all diseases, but the fact is that the drugs should be taken for a long period of time and the side effect caused by this is severe. But now the people had changed their view on health care and are ready to practice new method of treatments. Here comes the importance of other complementary and alternative medicines. There are different methods of treatments used as an alternative to allopathic treatments which include Ayurveda, Yoga and Naturopathy, Unani, siddha, homeopathy, etc.

India was facing larger human resource crisis in health sector. A possible solution to this shortage of services in health sector, Govt. introduces the alternative medical system AYUSH to bridge the gap. For this purpose AYUSH have been functioned with district Hospitals, Community health centers and primary health centers. The department of AYUSH was formed a separate Ministry of AYUSH was on 9th November 2014 to ensure the optimal development and propagation of AYUSH system of health care.

In this modern era the change in life style had made the people weaker and made closer to new diseases. It's a contradictory that now a day the literacy rate is going high and the people have the ability and knowledge to choose what is good or what is bad, but the fact is that more people are suffering from life style diseases. The major part of their income is used for curing these diseases. The government also spends a large portion of its income for this sector. In this study we analyze the cost effectiveness and other factors which include side effect and duration relating to alternative treatment especially on Yoga and Naturopathy when compared to other and thereby both the individual as well as the govt. can reduce the cost incurred for this. In future there is every possibility of a boom in the number of diseases and escalation of costs. So this study helps to choose a better way of treatment.

Public Health (PH) is defined as ''the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals." The philosophical approaches of naturopathy include disease prevention, encouragement of the body's inherent healing abilities, natural therapies, personal responsibility for one's health, and education of patients regarding health-promoting lifestyles. Thus there are substantial areas of overlap between naturopathy and public health such as a focus on health rather than disease; a preventive approach; and an emphasis on health promotion, health education, and patient empowerment.

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Although social, medical, and cultural reasons may account for why people in a given country prefer Complementary and Alternative medicines and Traditional medicines to conventional (Western) medicine, economic forces are also at play. This section describes the socioeconomic determinants of seeking treatment from traditional healers and providers of Complementary and Alternative medicines; reviews the evidence on the cost-effectiveness of Complementary and Alternative medicines and Traditional medicines; and discusses cost-effective approaches to regulating, improving, and expanding the use of Complementary and Alternative medicines and Traditional Medicines.

Users of Complementary and Alternative medicines and Traditional Medicines approaches choose health practices that resonate with their beliefs about health. Although economic factors play a role in this choice, the underlying incentives are not always predictable. For instance, a common misconception is that patients opt for Complementary and Alternative medicines services because they are cheaper alternatives to conventional medical care. In almost all cases the cost of treatment using Complementary and Alternative medicines is much cheaper than the cost of accessing a conventional medical service.

The ministry of AYUSH, Government of India, released a status of AYUSH system. In 2014 AYUSH statistics are below.

Components	Ayurveda	Yoga and naturopathy	Unani	Sidha	Homeopathy	Total
Number of practitioners	399400	1764	47683	8173	279518	736538
AYUSH hospitals	2838	42 (7+35)	257	265	213	3615
Bed strength	43170	1107 (85+1022)	3379	2305	6834	56805
Dispensaries	15153	214 (138+76)	1289	845	7199	24700
UG colleges	260	18	41	8	186	513
PG colleges	100	-	9	3	39	151

Source: Ministry of AYUSH, Government of India, UG: Under-graduate, PG: Post-graduate

Events/ policy prescriptions during each 5 year plan

5-year plans	Duration	Important events/strategies/policy prescriptions	References
1st	1951-1956	ISM and H was a part of health and family welfare planning process	[7]
2nd	1956-1961	Budgetary allocation was increased from 37.5 lakhs to 1 crore in the center and 5.5 crore in states	[26]
3rd	1961-1966	A 4 years diploma course in Ayurveda was introduced with the blend of both traditional and modern medicine	[27]
4th	1969-1974	Budgetary allocation still increased to 15.83 crores	[28]
5th	1974-1979	Reiteration of the 4th 5 year plan strategies. Central councils were formed, CCIM in 1970 and CCH in 1973	[29]
6th	1980-1985	Coordinated efforts for the management of communicable and non-communicable diseases with the help of ISM&H drugs were proposed	[30]
7th	1985-1990	Proposals were made to utilize ISM&H practitioners in family welfare, MCH and UIP programs as they serve in far-flung rural areas with a great degree of acceptance	[8]
8th	1992-1997	Integration of ISM&H with modern medicine in health care services was envisioned	[9]
9th	1998-2002	Creation of para-professionals in ISM&H was proposed. Mainstreaming of AYUSH and revitalization of local health traditions was proposed	[10]
10th	2002-2007	Inclusion of ISM&H in all levels of heath care, accreditation system of ISM&H education, zero base budgeting was introduced	[11]
11th	2007-2012	Strengthening professional education, strategic research programs, promotion of best clinical practice, technology up gradation in industry, setting internationally acceptable pharmacopoeial standards, conserving medicinal flora, fauna and metals, Utilization of AYUSH workforces in national health programs were important strategies	[31]
12th	2012-2017	Availability of AYUSH services in 100% of districts through NABH accredited hospitals, Improving quality of education and training and developing Centers of excellence in government and private sectors, promoting quality research to validate the efficacy and safety of AYUSH remedies, ensuring availability and conservation of medicinal plants, accelerating pharmacopeial work, ensuring availability of quality drugs, positioning AYUSH national institutes as leaders in SAARC region, propagation of AYUSH for global acceptance as systems of medicine are the ongoing 12th 5-year plan strategies	[32]

CCIM: Central Council of Indian Medicine, ISM and H: Indian systems of medicine and homeopathy, MCH: Maternal and Child Health, NABH: National Accreditation Board for Hospitals and Healthcare providers, R & D: Research and Development, SAARC: South Asia Association for Regional Cooperation, UG: Under-graduate, UIP: Universal Immunization Programme, AYUSH: Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy, CCH: Central Council of Homeopathy

In the above table show that the allocation of alternative medical cares in India in five year plan period. After the 9th five year plan the different segment of AYUSH was introduced. The principal approaches in the 9th5-year plan were to improve the quality of health care through AYUSH. It included investment in human resource development for AYUSH to bring marked improvement in the quality of services rendered by these practitioners. In addition, it focused the development of research, and cultivation of drugs and herbs for all systems of AYUSH. It focused on drawing up a list of essential drugs belonging to these systems and encouraged good manufacturing practices (GMP) to ensure quality control of drugs. Most importantly 9th5-year plan promoted research and development a therapeutic trial of especially on new drug formulation, therapeutic trial of potential drugs through strengthening of the central research councils and coordination with other research agencies. Special emphasis was laid on encouraging research aimed at improving AYUSH inputs in national health programs during 9th5-year plan.

During the 10th5-year plan, it was felt that despite all the efforts the AYUSH systems have not realized their full potential because the existing AYUSH systems at all such as primary, secondary and tertiary level health care institutions lack essential staff, infrastructure, facilities and drugs. At the same time, the potential of AYUSH drugs and therapeutic modalities has not been fully exploited. There was a lack of quality control and GMP resulting in the use of spurious and substandard drugs. The quality of AYUSH practitioners has been below par; many AYUSH colleges lack essential facilities, qualified teachers and hospitals for practical training. There was also no system for continued medical education (CME) for periodic updating of knowledge and skills during the 10thplan period. It was also found that the AYUSH practitioners were not involved in national disease control programs or family welfare programs. Medicinal plants have been over-exploited and as a result, the cost of AYUSH drugs has increased and spurious products were getting into the market.

The vision statement of 11th5-year plan was very appealing as the same mentions about mainstreaming of AYUSH by designing strategic intervention for wider utilization of AYUSH both domestically and internationally. National Rural Health Mission (NRHM) came into play in 2005 but implemented at ground level in 2006 and introduced the concept of "Mainstreaming of AYUSH and Revitalization of Local Health Traditions" to strengthen public health services. Under the broader umbrella of mainstreaming of AYUSH and revitalization of local health traditions AYUSH facilities District Hospitals (DH), Community Health Centers (CHC), and Primary Health Centers (PHC) by 31stApril 2014.

Now a days Indian health care sector far better than previous years. The ministry of AYUSH was focused primary sector that means it was more facilitates through primary health centers. The problem has sort out for the effective implementation of mainstreaming of AYUSH and revitalization of local health tradition in a more homogeneous manner throughout the nation.

Reference

1. AshtekarShyam, (1999), *Reforms and Health Care*,Economic and Political Weekly, Vol. 34, No. 41,pp. 2908-2911
2. Astin.J.A,(1998), *'Why Patients Use Alternative Medicine: Results of A National Study'*, Journal of The American Medical Association, 279 (19): 1549-53
3. C. Kim, and Kwok.Y.S, (1998), *Navajo use of Native Healers', Archives of International Medicine*, Vol.158, Issue 20; 2245-49
4. Samal, Janmejaya, (2013), *Public Health And Allied Vareer Choices For AYUSH Graduates In India*, Global Journal of Medicine and Public Health GJMDPH , Vol. 2, Issue 4.
5. SeedhouseDavid,et.al, (1991), *changing ideas in Health Care*, Journal of Medical Ethics, Vol. 17, No. 1 pp. 52-53 Published by: BMJ.
6. Department of AYUSH. [Last accessed on 2013 Dec 10]. Available from: http://www.indianmedicine.nic.in .
7. 2. New Delhi: Ministry of Health and Family Welfare, Government of India; 2002. Department of ISM and H. National Policy on ISM and H-2002. [Google Scholar]
8. 3. New Delhi: Ministry of Health and Family Welfare, Government of India; 2011. National Health System Resource Center. National Rural Health Mission, Mainstreaming of AYUSH and Revitalization of Local Health Traditions under NRHM, An Appraisal of the Annual State Programme Implementation Plans 2007–2010 and Mapping of Technical Assistance Needs. [Google Scholar]

9. 4. New Delhi: Government of India; 2005. Ministry of Health and Family Welfare. National Rural Health Mission (2005–2012), Mission document. [Google Scholar]
10. 5. New Delhi: Ministry of Health and Family Welfare, Government of India; 2005. National Rural Health Mission. Framework of Implementation 2005–2012. [Google Scholar]
11. 6. New Delhi: Govt. of India; 2012. Ministry of Health and Family Welfare, Indian Public Health Standards, Revised Guidelines for Primary Health Center, Directorate General of Health Services. [Google Scholar]
12. 7. New Delhi: Govt. of India; 2012. Ministry of Health and Family Welfare, Indian Public Health Standards, Revised Guidelines for Community Health Center, Directorate General of Health Services. [Google Scholar]
13. 8. New Delhi: Govt. of India; 2012. Ministry of Health and Family Welfare, Indian Public Health Standards, Revised Guidelines for Sub District Hospital, Directorate General of Health Services. [Google Scholar]
14. www.zenithresearch.org.in
15. Dept. of AYUSH, Ministry of Health and Family Welfare, Govt. of India.
16. http://www.who.int/mediacentre/factsheets/fs134/en
17. http://www.ncbi.nlm.nih.govt.
18. india.angloinfo.com/healthcare/health-system
19. Planning commission.nic.in
20. www.healthcareinkerala.com
21. https://kerala.gov.in
22. www.census2011.co.in
23. www.hospitalskerala.in

