



**Round Table of clinical Practice group
on “Integrative Health Policy”
Coordinated by Dr. Indraneel Basu**

Health care systems are deeply embedded in civilization's economic, religious, and societal cultures. Its time to revisit the Traditional Indian systems of Medicine and wisdom clubbed under Ministry of AYUSH by Government of India which remains underutilized despite their humungous infrastructure, human resources and potential in health delivery.

We need to ensure that the systematic knowledge of healthcare acquired over the centuries by our civilization is brought to bear at the right time and place to benefit all our citizens, irrespective of the socio-economic strata they belong to, in leading healthy lives and reducing the burden of disease without unnecessary side effects.

The respective scopes of AYUSH and Modern Medicine are gradually becoming clear. Whereas Modern medicine predominantly addresses emergency and acute including surgical conditions and to an extent conditions of advanced pathology, AYUSH disciplines claim a beneficial approach to chronic conditions wherein some of these can be cured as well.

There are plenty of case reports data and some research studies which support these claims. The challenging issues are defining the scope of the different AYUSH disciplines in these chronic conditions since there is a fair degree of overlap. It would be advantageous for a group of experts to sit together and summon the clinical evidence from their pathies.

The more interesting field of work is in rehabilitative care whereby and large drugs have limited scope. Homoeopathy has been successfully used in children with Cerebral palsy in improving their functioning with measures like Physiotherapy. Results have been published.

Palliative care, especially cancer therapy opens another vast area for homoeopathic intervention. Likewise inherited congenital conditions where modern medicine has little answer can be focus. Conditions like hemophilia, sickle cell, thalassemia etc. have benefitted from homoeopathic interventions. Developmental disorders like autism, learning disorders, behavioural conditions like ADHD also have powerful research evidence in support of AYUSH disciplines.

Integrative Health System is the practice of incorporating, optimizing, investigating, and investing in AYUSH (indigenous health approaches) with allopathic or western medicine through holistic and people centric care

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#1. Models of clinical practice in Integrative Medicine in other countries

The field of medicine dates back to ancient times. Early practices were adopted by subsequent societies. Cultures had significant influences over many aspects of life. This can serve as a foundation for integrating the various current systems into a better paradigm of health care. Unlike many civilizations that imported systems of other outside cultures, Indian medicine was derived in India and had interwoven systems of other cultures, predominately Greek, as part of India's own system.

History reveals that new medical paradigms were a blending of old traditions with new innovations. Changes occurred because society questioned old methods. Today the situation is not different. The field of Integrative Medicine is evolving as a result. The medicine of today has advanced from the curative to the preventive stage, individual to collective medicine, personal to community emphasis

while individual being the focus.

China's integrated TCM, reports from NCCIH of NIH (USA) in support of research and providing information about complementary health practices, evolution of NHS (UK) integrative clinical practice dating back to 19th century from Royal Hospital London are few striking experiences of IM.

The integrated care implementation efforts from five countries and continents (United States, United Kingdom, Vietnam, Israel, and Nigeria), targeted a range of clinical populations and care settings, and span all phases of framework. Qualitative synthesis of these case studies illuminated common outer context, inner context, bridging and innovation factors that were key drivers of implementation. An agenda that outlines priority goals and related strategies to advance integrated care implementation research emerged as way forward while these goals relate to: 1) the role of funding at multiple levels of implementation, 2) meaningful collaboration with stakeholders across phases of implementation and 3) clear communication to stakeholders about integrated care implementation.

#2. Summarize experiences, barriers and enablers of clinical practice in Integrative Medicine in the country

- Hospital or clinics are free to empanel all qualified and registered medical experts, including AYUSH however AYUSH practitioners have very limited scope & integrate their branch of knowledge for various reasons that can only be addressed through regulatory provisions viz. administering emergency life saving drugs or performing procedures in absence or without instructions of western bio-medicine trained consultants
- Major constraint in health insurance policies that allow only limited AYUSH procedures e.g. Ksharsutra surgical procedure of Ayurveda and other 12 prescribed procedures/management eligible for reimbursement.
- Lack of consumer confidence for AYUSH systems in acute as well emergency conditions and continuum of healthcare which needs to be addressed through sustained IEC
- Isolated examples and publications of integrated care at National Capital, western and Southern States apart from other places demonstrated effective as well affordable outcomes
- Supreme Court has given interim relief by directing no coercive action against IM practitioners of ISM for practicing modern medicine till the Hon'ble SC decides on the pending matter for decades. However SC has directed no cross medicine practice and to limit to the pathy in which practitioner is trained and registered.
- In absence of platforms for dialogues and sharing of information or knowledge, ignorance prevails all around about therapeutic effectiveness & scope of AYUSH among modern medicine practitioners. For healing purpose Homoeopathic Calendula as oral and topical form is very effective. Similarly, as a pain reliever, Arnica Montana orally is amazingly comparable to NSAIDs
- Nosode group of drugs in homoeopathy is synonymous with vaccine for specific immunity however varied reasons, including regulatory, no clinical work is possible.

#3. Defining vision, scope and strategy for promoting the practice of Integrative Medicine

- Vision :To treat, manage or cure patient through pathy agnostic approach by incorporating, optimizing, investigating, and investing in AYUSH (indigenous health approaches) with modern medicine through holistic and person centric care

- The scope is immense once prejudices are removed and regulatory ecosystem is evolved
- Data collection to be accorded highest attention for building evidences of IM
- Non Communicable Disease burden is increasing which are not curable but manageable or preventable in sizeable population, and is most appropriate for integrative healthcare
- Maintaining continuum of health from promotive to palliative care is possible only through integrative approach in all such cases
- Through IT & AI enabled decentralised distributed data collection shall support clinical trials and studies of IM

#4. Outline of ethical and professional framework(s) for the practice of Integrative Medicine

- Redefine qualification to include diplomas, certificates and training courses in fields other than that of basic graduation and allow such persons to practice both basic domain and post graduate domain of medicine
- Allowing practitioner with relevant qualification to be registered under single regulatory framework. Scope and need of new council for integrative medicine can be pondered

#5. To recommend regulatory mechanisms and other enabling steps for a sustainable System for Integrative Medicine practice in the country. Strategy for promoting the practice of Integrative Medicine in the country

In 2006, the **Harvard Business Review** carried an article that focused on difficulties to innovate in healthcare citing three aspects that determine such **innovation**, viz., changes in the way consumer buys and uses healthcare, technology that support innovation and business models that deal with integrated healthcare that combine different practice of health care systems.

During COVID pandemic India began showcasing to the world that all the three challenges identified above are in fact opportunities to promote integrated approaches to healthcare.

- Redefine qualification to include diplomas, certificates and training courses in fields other than that of basic graduation and allow such persons to practice both basic domain and post graduate domain
- Cafeteria approach in Government (as in CGHS) & private health delivery is most pragmatic and prompt way for IM practice and needs focus. Telemedicine will be enabler as well game changer in IM
- Public health per se is non clinical in character whereas clinical practice is limited to mainly private health.
- Review definition of evidence to encourage quick and cost effective revalidation of AYUSH medicines and interventions
- Dispel the myth that surgery and diagnostics are exclusive to allopathy and replace it with the truth that both are adjuncts to all medicinal sciences
- IRDAI to work on insurance products that are based on integrative treatment or AYUSH treatments. IRDAI also to allow treatments of AYUSH in hospitals meant generally for biomedical or allopathy. IRDAI to promote products that encourage wellness initiatives

- To develop SOP's for integrative care for primary, secondary and tertiary health care centres.
- REGULATORY AUTHORITY/ multi disciplinary ethical body : Ensures minimum recommended standards of teaching , training , drug regulation , practicing principles of all health systems for common goal of providing best possible care to all and ensuring correct relevant sensitization and education of community. Both the Ministries of HFW and AYUSH would to work together to achieve this objective. The aim of these interventions should be to work in cohesion and learn from each other through team approach and not a competitive one
- CENTRES OF EXCELLENCE BASED ON INTEGRATIVE MEDICINE
- FELLOWSHIP PROGRAMMES/MENTORING CHAIRS in one of the Central Universities or institutions such as deemed to be universities like Rashtriya Ayurveda Vidyapeeth
- THE NEED FOR CLINICAL ANALYTICS is going to increase not only because healthcare organisations gain the ability to uncover more sophisticated analytics, but this is also going to be driven by the steep and rapid increase in available clinical data backed by an imperative to improve clinical outcomes. Clinical analytics is poised to become an essential tool that makes use of real-time medical data to generate insights, take decisions, predict outcomes, and decrease costs by enabling early interventions for potential clinical complications. Available technology of IT, AI & BT shall be leveraged in integrative health analysis, outcomes and developing best protocols for scaling up and replication.
- INTERACTION AMONG PLATFORMS/ DIALOGUE WITH IMA - Integration of Ayush with modern medicine is the goal but both are at loggerheads with each other. Modern doctors know ayurveda by dubious claims and spoiled cases.
- Liberal funding for evidence build up for AYUSH
- Huge investment by govt to support successes of AYUSH in therapeutics of top 10 killer diseases and management of lifestyle disorders through IEC measures
- Integration of thinking at the top of health pyramid in the political, bureaucratic and official levels
- Joint conferences to highlight pros and cons of different systems chaired by PM or united head of health (MOHFW, AYUSH and other health related ministries) in the country
- Integration of skills of supporting staff for nursing, procedures, diagnostics etc
- Integration of pharmacological knowledges in pharmacy colleges for different approved sciences

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