

IASTAM

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Connecting Systems; Bridging Disciplines

○ Ayurved ○ Yoga ○ Unani ○ Siddha ○ Asian Medicine ○

"Action is the bridge between thought and reality."

- Richie Norton

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PRE NOTE

Asian Approach to Globalize AYUSH

Dr. Narendra Bhatt

Asian Health Organisation!

While in conversation about our activities, during my recent visits to Gujarat I was reminded not once but twice by two Ayurveda experts of India's move to initiate Asian Health Organization at a meet in Sri Lanka, post-independence, that was not pursued by the then government. This point was reiterated by Prof. A. J. Baxi and Mr. Praful Patel in Mumbai that an initiative in the context of Ayurveda had been taken earlier by Prof. P. N. V. Kurup who passed away recently, and who was former Vice Chancellor of the Gujarat Ayurveda University. His plea remained unattended. This information has strengthened our approach.

Asia specifics

Asia, with 60% of the world's population is the most heavily populated continent. Asia occupies more space than the other continents and the challenges faced by the Asian population varies from the rest of the world. Asia, covers an area of 44,579,000 square kilometres (17,212,000 sq mi), about 30% of Earth's total land area and 8.7% of the Earth's total surface area. It is noteworthy that Asia with its 4.5+ billion population is not only large in size but also has variably dense and large

settlements along with vast but barely populated regions. SAARC member states that include Afghanistan, Bangladesh, Bhutan, India, Nepal, the Maldives, Pakistan and Sri Lanka comprise 3% of the world's area and 21% of the world's population.

Why is there a need for Asian medicine?

Asian countries representing 4/6th of the world's population have aspirations. Challenges emerging in a globalized context are the most important issues that need to be addressed. Health and medical care costs probably has the most significant impact on people's lives. Only two Asian countries, Japan and South Korea appear amongst the top 35 countries having the highest per capita expenditure on health care. Most of the other Asian countries fare very badly when it comes to expenditure on health care, obviously due to low levels of income.

The current quality crisis in America's health care is well recognized. The United States fared especially badly on measures of affordability, access, health outcomes, and equality between the rich and poor. Numerous studies in recent times have led to the conclusion that "the burden of harm conveyed by the collective impact of all of our health care quality problems is staggering" (Chassin et al.,

1998:1005). Likewise, the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry (1998: 21) notes that 'today, in America, there is no guarantee that any individual will receive high-quality care for any particular health problem.' A new report shows why American health care performs so poorly compared to its rivals—and suggests that the Obamacare replacement proposals aren't the way to fix it. However, America does perform comparatively well, when it comes to doctor-patient relationships, end-of-life care, and survival rates after major issues like breast cancer or strokes.

Western industrialized societies see disease as a result of natural scientific phenomena and advocate medical interventions that combat microorganisms or use sophisticated technology to diagnose and treat diseases. On the other hand, Asian and most other ancient cultures understand human life and living in the context of nature and not independent of it. This has a greater significance and potential due to limitations of institutionalized medicine as observed from presently available data.

Most cultures have traditional systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. Cultural issues play a major role in patient compliance. Most importantly the health and medical problems of Asia are drastically different from those prevalent in the western world. Infectious diseases account for 40% of the 14 million deaths in Southeast Asia. In Asia, infectious diseases continue to be a major problem and even in Singapore, developments in medical technology have sometimes, paradoxically, contributed to the issue. Although the attention has shifted over the time from infectious diseases to the chronic metabolic and age-related diseases, infectious diseases still remain a major burden of mortality and morbidity. The excessive use of antibiotics over the last many decades and such other approaches have already limited the scope of modern medicine and the future is bleak. It must be recognized that there are other ways of handling infectious disease instead of only using antibiotics. Asian health and medical problems being different from the problems found within the western world have a health care reach that is different. There is a distinct mismatch between needs and solutions.

Institutional medicine has become dogmatic. It has found resistance even from within with documented

proof. Western countries are struggling hard to come out of it. Whereas conventional medicine in western culture has been able to create a national and geo political structure which is more universal and institutionalised in its healthcare and where health is the subject of the government, in most Asian countries health still remains the concern of the individual and is available only for the poorest people with its limited reach. The gap between the poor and the rich is huge.

Asian Medicine

Ethno medical traditions or the indigenous systems recognised and practised in Asian countries could be collectively termed as 'Asian Medicine' that include 'AYUSH' as in India. Asian medicine is more culture driven than the individual. These systems are used in different forms for the prevention, diagnosis, improvement or treatment of physical and mental illnesses. Asian Medicine with its long history offers the oriental and universal logic of life that provides a symbiosis between the biosphere and the physical cosmos.

Potential

For any system to be successful the acceptance by society and people at large is very vital. The principle and practices of traditional medicines in Asia offer such concepts and theories that will be accepted culturally because of the similarity of basic theories. However, though the basic principles may have some commonality, the practices of these traditional systems vary from country to country depending on culture, socio-economic priorities, accessibility, reach of conventional medicine and decisively, governmental policies. Despite similarities in certain instances the solutions offered by these traditional systems may vary country to country. Therefore, the solutions and the priorities could vary for different countries.

Oriental thought as conceptualized for health care in Asian countries has to face the challenge of institutionalized conventional medicine for its promotion and wider acceptance. The challenges that the Asian medicines have to face from the institutional medicine in Asian countries are practically similar. To address the issues of variance, there is a need to identify common areas of activities and to evolve a common method to protect Asian medicine and create its own complementary process. The issues faced could be categorised as follows.

Philosophical - There is a conflict between

concepts of occidental and oriental thought processes. Whereas the Asian approaches are more complementary to nature the occidental individual driven thoughts are in conflict with nature. Asian medicine being complementary to nature is likely to be more safe and helpful.

Institutionalisation - Institutionalised medicine in the western world is highly funded by the better economies but it is not a model suitable to Asia due to the priority to attend to poverty. There is need to evolve preventive and promotional health care delivery with focus on self-care and on the individual rather than a technology driven curative that requires more resources. Medical challenges are required to be defined and structurally addressed in their own socio-cultural milieu.

Science & Non-science - The concept of scientific v/s non-scientific in the context of safety and benefit to people is necessary. Science without a societal objective has no meaning. Science has to be realistic and is required to be applied in a contextual manner. The objective of science is more important than blind use of technology-based methods and tools.

Safety and Effectiveness - The issues of safety and toxicity as surfaced in recent times, even though occasional, must be addressed upfront. There is a need to accept scientific interpretations that cannot be denied. It is imperative that these issues be understood and methods evolved with utmost vigilance, within the realms of its practices.

Economy - The high cost health and medical care are troubling the world over and issues of concerns not only in Asian countries. Economics is getting impacted that has a greater impact on development. Asian Medicine can contribute to the health care cost for better care at lower costs. This will be a foremost contribution in the development of nations.

To face the challenges as categorised above there is need to evolve common identifiable goals.

Need for A Common Regulatory Approach

A major step to evolve a conducive international environment could be mutually respected and agreeable regulatory processes for practices, products and learning. The issues of quality and standardisation for the purpose of safety and effectiveness form the biggest challenge. Most Asian countries have put in resources and made efforts to evolve contemporary means and methods for use or practice of traditional medicines. These modalities vary from extremes of parallel existence to complete

integration. Despite the efforts of the last several decades and deployment of resources with the exception of a few, most have failed to develop the right strategy for optimum use of traditional medical systems. *Most of the times these efforts based on bio-medicine in the hope of integrative modalities have not helped the promotion of indigenous Asian Medicine; rather they have restrained its productive use and at times have even lead to permanent loss of principles, knowledge or use of beneficial practices and products.*

It will not be an impossible task to bring together such information, knowledge and experiences to evolve common structures that will help acceptance and practices within the huge Asian continent.

It will be advisable to undertake discussions for a strategy where a road map could be evolved and commonly identifiable goals could be achieved in a gradual but definitive manner.

Need for a Meet

It is necessary to highlight the health, medical and economic gains for purpose of coming together of Asian medicine. Reaching out to professionals, experts, researchers and administrators through the right protocol and encouraging direct contact with the multi stream experts will benefit all.

Additional Benefits

It is also important to note that a common agenda for Asian Medicine will help address several other related issues and challenges. These include - 1. Pollution and environment, 2. Fortification and enrichment of natural resources, 3. Food and nutrition, 4. Awareness Cognizance and development of ethnic culture, 5. Development of heritage and most importantly, 6. A more harmonious, socially oriented medical care.

Principle of 'Samanya'

Ayurveda says samanya, commonalty always enriches. It is desirable that Asian countries come together to enrich their medical heritage, develop traditional systems and practices and thereby help to alleviate the pain of suffering within their own eco-systems.

India has experience of a complex officially recognized medical pluralism in the world. It is desirable that it moves forward for an expanded productive use with a futuristic global view.

IASTAM – India as an association firmly believes in "*Asian Approach to Globalize AYUSH*". ○○○