
UNIT 4 HEALTH PRACTICES: INDIGENOUS AND MODERN

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4.0 OBJECTIVES

After reading the subject matter of this unit, you will be able to:

- conceptualize Indigenous and modern health practices;
- analyze various components of Indigenous health services;
- analyze various components of modern systems of medicine; and
- understand medical pluralism in India.

4.1 INTRODUCTION

From time immemorial health and disease were interpreted in a cosmological and anthropological perspective. Medicine was dominated by magical and religious beliefs which were an integral part of cultures and civilizations. Henry Siegerist has stated that every culture had developed a system of medicine. He

further states that ancient medicine was the mother of sciences and played a large role in the integration of early cultures. The organic relationship between medicine and human advancement, any account of medicine at a given period should be viewed against the civilization and human advancement at that time. Indeed, there is a great variety of knowledge, means, methods and skills that the Indian people have gained. Medical care in India also has plurality of systems of medicine which people are using over a period of time.

4.2 INDIGENOUS SYSTEMS OF MEDICINE (ISM)

Ayurveda, siddha, and unani are indigenous systems of medicine in India in relation to biomedicine that was introduced by the colonial state two centuries ago. Interestingly, homoeopathy and naturopathy– also entrants during the colonial rule– have found considerable support among people and have been formally grouped together with ISM in the current acronym of the government department (AYUSH).

Indian society is regarded as pluralistic society with different types of cultures, ethnic population and different religious categories and at the same time having rich systems of medicine which looks health, disease and causes of medicine in altogether different mode of treatment. These together are called Indian Systems of Medicine or indigenous systems of medicine. Their main idea is to look integrated health and well-being of the society. The traditional system of medicine or indigenous systems of medicine included ayurveda, unani, siddha and naturopathy. However, these systems did not receive patronage from the government and therefore, suffered from its expansion and researches. These systems of medicine are popularly known as Indian Systems of Medicine (ISM).

In 1995, the Ministry of Health and Family Welfare has given an independent identity to The Indian Systems of Medicine and Homeopathy (ISM and H). Again in 2003, these systems are renamed under the heading of Department of Ayurveda, Yoga, Naturopathy, Unani, Siddha and Homeopathy (AYUSH). AYUSH means long life. The Ministry has given directions to the state governments to include them in the recognized systems of medicine. They also opened AYUSH centres in the respective states. These systems are entrusted with better alternative for chronic diseases and also for prevention and promotive interventions for health. Besides, AYUSH, there are other health care practices which are vastly used by the rural and tribal people and they vary from one region to another region and are known as Local Health Traditions (LHT). Local Health Traditions are defined as health promotive, preventive and curative methods having mass acceptance and prevalence among household of different socio-economic background. Although, these systems do have some threads with the indigenous health scripts, however, they do not conform to the same ancient health systems and their scripts. They may be confined to some households as home remedies or may be some services provided by folk practitioners. They are not regarded as scientific and do not have the textual references, but they are time tested through people's usability and experiential knowledge. Other forms of health providers who are informal in the social structure are also recognized by the people in the rural structure of the Indian society. They are: Traditional Health Practitioners (THP), Folk Healers (FoH), Faith Healers (FH), Dais and Traditional Birth Attendants (TBAs). They also serve the people for their health problems.

4.2.1 ISM and Medical Education

The early engagement of colonial powers with ISM was guided by economic and trade interests and a scientific curiosity supported by mercantile pluralism. Medical education in ISM has seen an enormous growth in recent years. At present, there are 219 medical colleges that offer undergraduate training in Ayurveda (BAMS), 37 in Unani (BUMS) and six in Siddha (BSMS). The total annual turnover of Ayurveda, Yoga, Unani, Siddha, Homoeopathy (AYUSH) graduates from 450 medical colleges is around 20,000. There have been some experiments in institutional arrangements for learning Ayurveda.

4.2.2 ISM before Independence

The services of *vaid*s and *hakims* were employed during the 1860s and 1870s by the administration in the Punjab to popularize its vaccination programme among the masses (Hume: 1977). Colonial state also began supporting the training of *dais* from 1902 onwards. The midwifery classes gradually picked up with enrolment of Christian women, and the modernizing upper and middle-class women began to use the services of the newly trained midwives while continuing to opt for home births.

The *vaid*s and *hakims* were shifting from household to bulk production of medicines at the same time that allopathic pharmacology in India was organizing itself against the total control of the British government over raw ingredients necessary for the allopathic pharmaceutical industry. The development of ISM training institutions continued with support coming from associations of ISM practitioners, wealthy patrons and princely states such as Travancore, Cochin, Gwalior, Mysore and Hyderabad. The end result was that at the time of India's Independence there were more than forty colleges of Ayurveda, Unani and Siddha (Abraham: 2005).

4.2.3 ISM Practitioners in Independent India

The establishment of various councils, national institutes, uniform curriculum, drug-testing laboratories and the publications of pharmacopoeia were direct outcomes of recommendations made by various committees set up by the government. However, a number of institutions and arrangements have proliferated in the non-state through private trusts of *vaidyas*, their professional associations, community institutions and NGOs that mitigate the hegemony of the scientist model.

Currently, the AYUSH sector of the Government of India is large enough to warrant a disaggregated analysis of regional trends and variations even budgetary allocation of ISM has not been significant. Firstly, the data suggest that the ISM facilities in the government institutions are uneven across the country (Abraham: 2005). For instance, they have a strong presence in states such as Maharashtra, UP, Karnataka and Kerala. These facilities are virtually absent in Jharkhand, Chhattisgarh, Arunachal Pradesh and Assam. Secondly, the data indicate that the popularity of Ayurveda, Siddha and Unani varies in different parts of the country and has also waxed and waned over the years. West Bengal, which was historically a major centre of Ayurveda, has fewer modern institutions in ISM. However, Bengal has emerged as a popular centre of homoeopathy. Thirdly, the data also contradict the general argument that attributes the popularity of ISM to the absence

of allopathic facilities; those states with better distribution of allopathic facilities are also the ones with better ISM facilities. For example, in Kerala, Maharashtra and Karnataka, facilities in ISM and in allopathy are widespread (Sujatha and Abraham: 2012: 23).

According to recent data (GOI: 2005) there are nearly 7.1 lakh registered qualified AYUSH practitioners in India, of which about 2 lakhs are not institutionally qualified. The overall trend in the growth of practitioners in the ISM since 1980 shows a doubling of the figures in the last twenty years. This may be due to the sudden growth of private ayurveda colleges during this period as a result of state policies to liberalize and privatize the education sector in the country. Between 1980 and 2000, about 186 new private ISM colleges were established (GOI: 2001). Further, the number of institutionally trained practitioners has been steadily growing while the number of non-institutionally trained practitioners shows a marginal increase up to 1995 and thereafter a decline. Thus, institutionally trained ISM practitioners are taking the place held by non-institutional practitioners, in both cases far outweighing the practitioners of biomedicine.

A programme for ‘Mainstreaming Ayurveda’ by integrating and collocating Ayurveda, Siddha, Unani and Yoga practitioners in primary and district health centres has been launched by the Central government. It is evident that utilizing ayurveda doctors to provide allopathic services in remote areas because MBBS graduates are not willing to go there does not amount to nay recognition of ayurveda’s therapeutic value.

Check Your Progress I

1) What is Indigenous System of Medicine?

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2) Write down the full form of AYUSH.

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3) Define Local Health System.

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4.3 MEDICAL PLURALISM IN INDIA

Medical Pluralism is the name given to the situation where a patient has a number of choices while selecting a system of treatment. The term was coined specifically to describe the treatment avenues available in the early modern age i.e., barbershop surgeon, apothecaries, physicians or wise women/village elders. A person suffering from illness or disease could choose from these potential treatment sources or in fact choose them all that is called medical pluralism. Medical pluralism is the adoption of more than one medical system, or the simultaneous integration of indigenous and modern system of medicine.

Pluralism in treatment-seeking among all sections of people is well known; among the poor and the well-off sections of both ‘underdeveloped’ as well as the most ‘developed’ countries (GOI: 2002; WHO: 2002).

In India, the colonial state and Independent state did not ban or strictly regulate the indigenous systems of medicine, namely, Ayurveda, Siddha and Unani (hence forth Indian Systems of Medicine ISM). In India, pluralism in health care has been officially supported since the beginning of the development of planned health services in the post-independence period, which included biomedicine and six other systems (ayurveda, yoga, naturopathy, unani, siddha and homoeopathy).

Health care in India presents a complex scenario and that is significantly influenced by colonial and postcolonial history and politics of country. Multiple medical systems such as biomedicine (allopathy), Ayurveda, Unani, Siddha, Homoeopathy, Naturopathy, Yoga and a variety of folk traditions all contribute to providing health care in present time.

4.4 AYURVEDA

Ayurveda is one of the oldest scientific medical systems in the world. The history of the origin of ayurveda starts almost from the beginning of the creation. Ayurveda is very old system of medicine in India and it has its unbroken history of over 3000 years. It also has its medical texts which are written in a period between 1500 BC to 1900 AD. Ayurveda is composed of two words – ‘Ayur’ and “Veda” which put together literally mean “science of life”. As regards the definite meaning, it would be interesting to note that the ‘life’ which is the preview of ayurveda connotes a combination of body, perceptory organs, mind and soul. The main goal of the Ayurveda is to promote health and get rid of ailments so as to enhance humanity of all sorts of pain i.e., physical, mental, intellectual and spiritual. the natural or herbal products.

For the promotion, prolongation and maintenance of health, ayurveda prescribes the observation of certain principles of daily routine, night routine, seasonal routine and ethical routine and also stresses that one must follow a regulated diet, sleep and avoidance of mental and sexual intercourse without purpose. Thus, ayurveda is not only a medical science, but also a way of life.

Ayurveda takes into account fundamental principles like the creation theory of Panchmahabhuta, the physiopathological through of Tridosha (Vata, pitta and kapha), and even the evaluation process of universe and creation, since it believes

that there is no essential difference between the outside world and the human body. According to Ayurveda illness occurs if there is any derangement in the body humours such as vata, pitta and kapha or in the psychic factors such as Satwa, Rajas and Tamas caused either by excessive or inadequate interactions.

4.4.1 Diagnosis in Ayurveda

Ayurvedic diagnosis the deviation from the state of equilibrium of *dosas*. Ayurveda also emphasize the patient's case history, physical examination and a rational approach of diagnosis. In Ayurveda illness results from imbalance of *dosas*(functions). Identification of the impaired *dosa/dosas* play an important role in ayurvedic diagnosis. To help diagnose the pathological state of *dosas*, all clinical symptoms have been classified under the three *dosas*. To illustrate this, consider swelling. While an air-filled swelling associated with pain indicates involvement of *vatta*, reddishness and burning sensation denote aggravation of *pitta*. On the other hand, if it is a pitting/fluid-filled oedema associated with no pain or dull pain, *kapha* is impaired. A combination of these would indicate the derangement of more than one *dosa*. All clinical symptoms ranging from cold, cough, fever, and diarrhea, to swelling and skin discolouration, have been classified under *vata, pitta and kapha*.

4.4.2 Treatment in Ayurveda

Ayurveda defines '*cikitsa* (treatment) in the following ways: 'measures aimed at removal of disease-causing factors' and 'correction of the imbalances and restoration of the health condition'. *Caraka* has expanded the scope of the term treatment further. He says, 'mere removal of the causative factors may not always result in complete removal of the disease because effects of the disease may still continue to be operative. So, the treatment should aim at mitigating both the cause and effect'. Ayurvedic treatment, thus, aims not only at removal of the disease-causing factors but also at restoration of the equilibrium of *dosas* and body functions in a way which is compatible, conducive and nourishing to the patients without weakening them. A combination of medicines, medical procedures (*pancakarmas*), diet and activities (mental and physical) are adopted in treatment. Just as all clinical symptoms are classified in terms of *tridosas*, all treatment components are also understood in terms of *doshic* classification. The relation between physical and mental activities and *dosas* are as follows: while physical exercise will increase *vata*, mental activities such as worrying and anger will increase *vata* and *pitta*, respectively. Everything ranging from medicines and diet to mental, physical and emotional activities and even seasons are categorized and understood in terms of the changes they cause in the various functions and parameters in the body, that is, the *dosas*. Once the disease-causing *dosa* is diagnosed, the entire treatment is planned to bring back the deranged functions to balance using a variety of treatment modalities.

4.5 SIDDHA

Siddha system is regarded as one of the oldest systems of medicine in India. The meaning of Siddha is achievement. The literature of Sidhha is written in Tamil language and is also practices in Tamil society. This system of medicine is believed to have evolved in Tamil Nadu, although siddha medical literature talks of the 'Siddhas of Varanasi'. The system is largely therapeutic in nature and specializes

in pharmacy. It was practiced by ‘Siddhars’, a Shaivite sect which aimed at maintaining perfect health in order to achieve ‘siddhi’ or heavenly bliss.

The practitioners of Siddha are called Siddhars. They are saintly persons and achieved the result in medicine through yoga. They establish the intense links between man and environment. The Siddhars believe that the human body is replica of the universe, as also are food and drugs. Siddha System believes that all objects in the universe are composed of five elements and these are: earth, water, fire, air and space or ether. Thus, the human body is also composed of these five elements. The food that we eat and the drugs we use are also made up of these five elements. As the earth is susceptible to natural calamities and epidemics, the human organs are influenced by food, poison, the seasons and mental stress. The siddha system views the human body as a conglomeration of three *doshas*, seven dhatus and three malas. Food is the basic building material of the body which gets processed into *doshas*, dhatus and malas. Equilibrium between the three is considered to be ‘health’ and its imbalance regarded as ‘disease’ or ‘sickness’.

The basic principles of ayurveda and siddha are quite similar in terms of its fundamental and applied aspects. The basic differences which exist in these two systems is of language rather than of doctrine. Siddha medicine is more often practices in South. Its concepts are traced back to Sangam period (500 BCE-500 CE) in India. Siddha system is very close to the chemistry and auxiliary to medicine and alchemy. The plants and minerals are regarded as of very high value for medicines in the siddha system.

4.5.1 Diagnosis in Siddha

Siddha System believes that all objects in the universe are composed of five elements and these are: earth, water, fire, air and space or ether. Thus, the human body is also composed of these five elements. The food that we eat and the drugs we use are also made up of these five elements. As the earth is susceptible to natural calamities and epidemics, the human organs are influenced by food, poison, the seasons and mental stress. The siddha system views the human body as a conglomeration of three *doshas*, seven *dhatus* and three *malas*. Food is the basic building material of the body which gets processed into *doshas*, *dhatus* and *malas*. Equilibrium between the three is considered to be ‘health’ and its imbalance regarded as ‘disease’ or ‘sickness’. The diagnosis of disease involves identifying its causes. This is done by examining the pulse, urine, eyes, and studying abnormal sounds, the colour of the body and the tongue and above all, the status of *agni* (the digestive system of the body).

4.5.2 Treatment in Siddha

The Siddha system emphasizes that treatment is not directed towards disease but has to be in totality which includes the environmental and meteorological considerations, age, sex, race, habits, mental frame, habitat, diet, appetite, physical conditions, physiological conditions etc. The treatment focuses on normalization of the individual and it will reduce the chances of error. Siddhas basically use mercury and sulphur and also other metals, minerals, plant and mineral parts for the medicines.

Siddha experiments in yogic practices involve the use of herbal and mineral substances that mitigate the effects of severe yogic practices and aid yogic attainments. Their works on the processing of metal and mineral substances and the procedure for the correct use of herbal ingredients constitute the corpus of siddha medicine. Metals and minerals as ideals of imperishable substances became key ingredients in siddha medicine for two reasons: the idea that imperishable substances as nourishment would be more conducive to the siddha ideal of the imputrescible body than herbs that are perishable, and the need to ensure steady supply of medicine unfettered by the seasonal availability of herbs.

4.6 UNANI-TIBB

The word unani or (Yunani) is a corruption of the Arabic word for Ionian (i.e. Greek). The unani system is originated in Greece and in India also it has its very strong roots. Around in eleventh century, it came to India and introduced by Arabs and Persians. It was subsequently indigenised in the Indian subcontinent through interchange with ayurveda and through the translation of Arabic medical texts into Persian and Urdu, acquiring the name *Yunani tibb* (Kumar: 1997; Alavi: 2007; Attewell:2007). Unani medicine came from West Asia eight hundred years ago.

This system believes that disease is a natural process and the function of the physician is to aid the natural forces to the body. Unani system is based on a humoural theory. The four humours of this system are in the form of: blood, phlegm, yellow bile and black bile. Temperament is assigned to each humour and they are as follows: blood is hot and moist; phlegm is cold and moist; yellow bile is hot and dry; and the black bile is cold and dry. The drugs in the unani system are also assigned temperaments. These temperaments are: every person has a unique humoural constitution which represents his healthy state. Any change in this brings about a change in his state of health. A person also has a power of self-preservation or adjustment which strives to restore disturbances within his constitution. Unani places great reliance on his power. Thus, unani treatment not only helps the person to overcome the present disturbances, but also facilitates the person to acquire additional power of resistance to further disturbances. Since humours are produced for digested food, unani practitioners attach great importance to diet and digestion both in health and disease. For diagnosis unani relies heavily on its methods of testing pulse. Unani system asserts that the body has a self-preservation power and therefore, it always tries to restore any disturbance within the parameters prescribed by the constitution or state of the individual.

4.7 YOGA

Yoga is a scientific system which focuses on the interaction of mind, body, brain and behaviour. It is basically to use the mind which in turn will affect the physical functioning and results in promoting the health. Its basic method is mediation which includes certain postures, directed attention and free mind and does not involve any distraction. People use mediation to increased their focused attention, calmness and relaxation so that they can cope with illness and able to enhance their health and well-being. There are various types of yoga practices for various types of ailments. Yoga is a combination of physical postures, breathing techniques

and mediation. Yoga is also regarded as an art of living which focuses on persons physical, moral, mental and spiritual aspects. This is not the propriety of certain persons but it is practiced across the globe by different race, class, age, sex and creed for the well-being of the society.

The meaning of yoga is joining or yoking the individual soul to the universal soul which means the union of the personal soul with the God. The origin of yoga word is from the Sanskrit word 'yuj' meaning thereby 'to join' or 'to yoke'.

Yoga practices are regarded as very old healthy practices. Yoga asana are also narrated in *Rigveda*. *Upansihads* do have different mentions of yogic exercises and procedures. Patanjali was the one who systematized the existing yoga practices around third century BC. He also linked to the Samakhya School of Philosophy. Thus, Patanjali evolved the yoga philosophy and then enunciated in his Yoga Sutras. He mentioned eight components of yoga namely: *yama, niyama, asana, pranayama, pratyahara, dharana, dhyana, and samadhi*. *Yama, niyama, asana, pranayama and pratyahara* are related with the body and they prepare the body for the *dharana, dhyana and samadhi* which are related to the mind. The basic tenets of yoga are: restraining of social behaviour (yama), good personal conduct (niyama), Yogic exercise (asana), breathing exercises (pranayama), mediation (dhyana), and attainment of super-consciousness (Samadhi). Yoga does not involve any chemical, physical or botanical agent which is administer in the body in the form of medicine. It is accepted as a global medicine for keeping the health of the people. Baba Ramdev is regarded as the great practitioner of yoga in the country and is very popular with the yogic exercises and also benefits of yogic exercises with minimal effort (Danik Jagran: 5th Sept., 2005).

Check Your Progress II

1) What is Medical Pluralism?

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2) What is Ayurvedic system of medicine?

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3) Write down the basic tenets of yoga?

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4.8 MODERN SYSTEMS OF MEDICINE

Hippocrates (460 BCE-377BCE), considered the father of modern medicine, brought to its realm the concept of logical rather than supernatural explanations for illness. The central tenet of his theory was that illness was a result of imbalance among the four humours— blood, black bile, yellow bile and phlegm. Centuries later, Galen (130-201 CE), a Greek philosopher and physician, stressed the importance of anatomy but studied it using animals, mainly pigs. He extrapolated human anatomy from that of pigs, whose anatomy he considered similar to humans. In 1539 CE, following the judgment by an Italian judge, Vesalius was able to dissect the bodies of executed criminals for studying human anatomy. Structures that were previously extrapolated from those of animals and only imagined were now being visualized. (Ventura: 2000; Nutton: 2004).

In addition, William Harvey's discovery in 1628 CE of the circulation of blood by the heart marked the beginning of an era of viewing the human body as a mechanized assemblage of organs supplied with fuel/energy by the blood. The use of microscope by Robert Hooke in 1664 CE to view cells marked yet another stage of development in the field of western medicine. Information about microscopic pathological anatomy played a crucial role in making the transition of western medicine from philosophy to science.

The industrial age brought in new diseases and to meet this challenge, the physicians discarded the classical theories of Hippocrates and Galen and adopted newer concepts such as viewing symptoms as manifestations of the disease. This also led to the concept of treating diseases by suppressing their symptoms, which continues to date (Nutton: 2004).

Nowhere health delivery system or usability of health care systems is exclusively based on one system of medicine. In fact, there are varieties of systems of medicine which have evolved over a period of time in different parts of the world. These systems of medicine have a differential growth in relation to its origin and scientificity. How these different systems of medicine have survived and grew finds its answer in the social and historical conditions of the society in which they live. There is an evidence that every society uses multiple systems of medicine. They are not exclusively dependent on one system of medicine. With the forces of globalization, the world is rapidly free flowing of different systems of medicine. People have varieties of system to choose for different ailments different systems of medicine. India has, perhaps, the world's largest community supported living tradition of its own indigenous systems of medicine.

The western systems of medicine include Allopathy and Homeopathy is included in other systems of medicine below we will discuss different system of medicine prevailing in India.

4.9 ALLOPATHY AS A SYSTEM OF MEDICINE

Allopathic medicine is an expression commonly used by homeopaths and proponents of other forms of alternative medicine to refer to mainstream medical use of pharmacologically active agents or physical interventions to treat or suppress symptoms or pathophysiologic processes of diseases or condition. The expression was coined in 1810 by the creator of homeopathy, Samuel Hahnemann

(1755–1843). Never accepted as a mainstream scientific term, it was adopted by alternative medicine advocates to refer pejoratively to mainstream medicine. In such circles, the expression “allopathic medicine” is still used to refer to “the broad category of medical practice that is sometimes called Western medicine, biomedicine, evidence-based medicine, or modern medicine”.

The term allopath was used by Hahnemann and other early homeopaths to highlight the difference they perceived between homeopathy and the medicine of that time. Practitioners of alternative medicine have used the term “allopathic medicine” to refer to the practice of conventional medicine in both Europe and the United States since the 19th century. The term allopathic was used throughout the 19th century as a derogatory term for the practitioners of heroic medicine a precursor to modern medicine that did not rely on evidence.

Allopathy medicine is what most of us understand to be “standard” or “regular” medicine as practiced and distributed by the practitioners. We recognize it as legitimated, true and credible. In broad definition, “Allopathic medicine is that practice which combats by use of remedies producing effects different from those produced by the disease treated, including the use of all measures that have proved to be some value in the treatment of disease” (Rosengren: 1980). Thus, from such a view, the human body in its normal state is free of disease, and therefore, any disease found must be regarded as a foreign intrusion into an otherwise healthy organism. Further, allopathic medicine is rooted in the other general idea that in as much as disease is foreign its cure can usually be brought by the application of some form of opposites to it.

Scientific medicine is characterised by the assumption that (1) all disease is martially generated by specific etiological agents such as bacteria, viruses, parasites, genetic malformations, or internal chemical imbalances; (2) a passive patient role; and (3) the use of invasive manipulation to restore/ maintain the human organism at a statistically derived equilibrium point (health). It is based itself around the discovery of micro-biological agents (Bactria) as the cause of disease and around the theory of scientific etiology as a mechanism for explaining the role of these agents. Scientific medicine was not just a new name for allopathy, although many allopaths adopted the framework and terminology of the new medicine as an attempt to appropriate the legitimacy conferred the name scientific medicine. Scientific medicine has a different theoretical basis and epistemology than other existing modes of medicine of late nineteenth century, but it has an extremely limited clinical and therapeutic repertoire (Berliner: 1983).

4.9.1 Diagnosis in Allopathy

Diagnosis in allopathy generally begins with an assessment of the patient’s case history followed by physical examination and a number of laboratory tests ranging from simple laboratory evaluations to sophisticated imaging modalities. The emphasis is on objectivity in diagnosis using high-end technologies and various laboratory techniques. What is considered normal within its conceptual framework is known through various laboratory parameters and the patient’s condition is evaluated against those accepted as ‘normal’ parameters– any deviation from normal values is considered to indicate a disease state.

The diagnostic techniques generally structural abnormalities both at grass-root level and subtle levels. For example, imaging techniques such as X-ray,

ultrasound, computerized tomography (CT) and magnetic resonance imaging (MRI) provide information about structures and structural abnormalities such as fracture in a bone and cancerous growth in an organ. The biomedical tests also focus on structural entities, though at a subtler level. For example, anemia is diagnosed by decreased hemoglobin and diabetes by the levels of glucose and insulin, all of which are subtler structural entities. Microbiological tests also involve identification of structures like bacteria, viruses or parasites. Although there are techniques for providing functional information such as electrocardiogram (ECG), electroencephalogram (EEG) and electromyogram (EMG), all of which measure the electrical activities of tissues, the focus is generally on structural abnormalities. Many of the diagnosis techniques are designed and fine-tuned to observe structures and structural changes which need not be the causative factors of the disease (Jayasundar: 2012).

4.9.2 Treatment in Allopathy

It is well-known that a substantial number of diseases in biomedicine are regarded as 'idiopathic'. In the absence of the knowledge of causation, the treatment is quite often symptomatic and interventional. Surgery plays a major role in treatment and is used to rectify or replace damaged structures. Drug interventions include supplementing deficiencies (for example, iron in anemia, and insulin in diabetes) and manipulating the chemistry of body. Consider the example of osteoarthritis- it is diagnosed with imaging techniques such as X-ray, CT or MRI, all of which give structural information pertaining to the affected joint/joints. The clinical symptoms are generally pain and loss of movement. Although obese patients are generally advised weight reduction and exercises, the first line of treatment is suppression of pain with painkillers. Surgical intervention is advised for patients who have severe pain despite the use of painkillers (American College of Rheumatology: 2000). While symptoms are evaluated thoroughly and objectively, the etiology of symptoms is not known. Since the root cause is not diagnosed, all treatment strategies aim at reducing the symptoms.

4.10 HOMEOPATHY

Homeopathy as a system of medicine has slowly but definitely gained a foothold in India. It is based on the principle of 'similia similibuscurentis', namely whatever causes the derangement of the vital force alone can cure it best. In this lies the strength of the system. The second outstanding feature of homeopathy is that it treats each individual as a separate identity and the total personality—mental and physical— as one whole. It believes that an individual's state of mind has a direct bearing on the health of the body. The mental symptoms or how the individual feels is taken to be the most important guiding force. Weather, the time of day and night is also taken into consideration while prescribing treatment. In homeopathy, importance is given to the part played by food and way of life in curing a disease. In India, homeopathy is popular in all major cities; in West Bengal it receives its highest patronage. Today, there is a resurgence of interest in traditional medicine. Ironically, the inspiration for this has arisen out of desperate search for alternatives to allopathic medicine and has resulted into yoga, meditation, acupuncture etc.

In 1810, some German physicians and missionaries arrived in India and they brought Homeopathy. They distributed their homeopathic remedies in Bengal.

The Government of India, established the Central Council of Homeopathy. More than a century and a half, Homeopathy is practiced in India. It is regarded as one of the important system of medicine in providing health care to the number of people in the country. Its importance lies in viewing the person in its totality and looks at the inner balance at mental, emotional, spiritual and physical levels.

Check Your Progress III

1) What is modern health practices?

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2) Define Allopathy.

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3) Write down full form of CT, MRI and ECG.

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4) What is the main principal of Homeopathy?

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4.11 LET US SUM UP

India was invaded by the Aryans around 1400 BC. It was probably during this period the Ayurveda and the Siddha system of medicine come into existence. Ayurveda or the science of life developed a comprehensive concept of health. The *Manu Samhita* prescribed rules and regulation for personal health, dietics

and hygiene ritual at the time of birth and death and emphasized the unity of physical, mental and spiritual aspects of life. The next phase in Indian history (650-1850 AD) witnessed the rise and fall of Mughal empire. The Muslim rulers introduced the Unani system of medicine sometime around 1000 AD. The Arabic system of medicine, popularly known as unani system of medicine is traced back to Greek medicine. With changes in the political conditions in India, the torch which was highlighted thousands of years ago by the ancient sages became static, and the ancient universities and hospitals disappeared. By the middle of the eighteenth century, the Britishers brought the allopathic system of medicine in India, which is based on the scientific theories of science. This system has achieved a great deal of success in curing illness.

4.12 KEY WORDS

Ayurveda: Ayurveda is basically a knowledge about life and deals with the humanity. Its treatment is based on the natural or herbal products.

Unani: A system of medicine which originated in Greece and believes that disease is a natural process and the function of the physician is to aid the natural forces to the body.

Siddha: A system of medicine which is therapeutic in nature and specializes in pharmacy. It aimed at maintaining perfect health in order to achieve ‘siddhi’ or heavenly bliss.

Homeopathy: Homeopathy as a system of medicine is based on the principle of ‘similia similibuscurentis’, namely whatever causes the derangement of the vital force alone can cure it best. It gives importance to the inner balance at mental, emotional, spiritual and physical levels.

Yoga: Yoga is a scientific system which focuses on the interaction of mind, body, brain and behaviour. Yoga is also regarded as an art of living which focuses on persons physical, moral, mental and spiritual aspects.

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