

## **Traditional Systems and Public Health**

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### **Status of Acceptance of Traditional Systems**

Although the use of indigenous (traditional) Systems of Medicine is widespread and growing, Medical Practitioners and the Public Health community have expressed little faith in the efficacy of the systems or the drugs. Coordination between Alternative or Complementary Systems, as they are called in different parts of the world, and Conventional medical care (Allopathy) has not been organized so far except for a few minor examples. Most of the people who avail of alternative medical care, whether in India or abroad, are not referred by allopathic physicians but are mostly self-referred. According to a paper on Medical Malpractice Implications of Alternative Medicine published in the *Journal of the American Medical Association* in Nov '98, the improvement in the quality of care has been frustrated by longstanding professional rivalry between organized medicine and non-allopathic health practitioners. Certainly, there is a doubt about the appropriateness and efficacy of alternative medicine. However, even when full proof research details on efficacy are available, allopathic practitioners shy away from referring their patients to practitioners of alternative medicine—even when drugs to increase relief are reported to be available and patients show an active interest in using such drugs as adjuncts. In the above journal, it is also reported that financial analysts have suggested that consumer spending on alternative medicine may have surged 69% since 1989, and the market may be growing as fast as 30% annually. Employers and insurers, including several major managed care organizations such as Oxford Health Plans and Health Net, have recently begun to respond to this demand by adding alternative therapies to their insurance products. Some State legislatures in the US have

enacted laws that require health insurers to include alternative treatments in the benefits they cover.

In India, the Central Government Health Scheme already extends reimbursement to Government servants who prefer to avail of treatment under the indigenous systems. The popularity of complementary, alternative, indigenous or traditional medicine reflects the changing attitudes and needs of the population. While in the US, 60% of Medical Schools have begun to teach about alternative medical practices, in India the Medical Council of India, shuns the idea of even introducing an introductory course. Again, in many hospitals abroad conventional and integrated medicine programs are offered side by side, while in India this is limited to a few clinics, which have been opened in Central Government Hospitals in Delhi.

### **Increasing use of herbal medicine and food supplements**

WHO, Geneva have reported that in 1998, 60% of the Australian population used alternative medicine, and 17,000 herbal products accounting for one billion Australian Dollars have been registered. In Belgium according to a 1998 poll survey almost 40% of the population have used complementary medicine, and 59% of the doctors are also using it, particularly Homeopathy medicines. In France 49% of the people have used complementary medicine and Homeopathy, primarily herbal medicines. According to the WHO, the global market for medicinal herbs and herbal products is estimated to reach US\$ 5 trillion by 2050.

In Germany, there are 10,000-13,000 alternative medicine practitioners and 75% of the physicians use complementary medicine. In the United King-

dom, 90% of the population use complementary medicine and there are 8000 non-allopathic practitioners. In United States a National Follow-up Survey has shown that use of alternative therapies have increased from 40% to 42%, and the proportion is expected to increase to 60%.

### **Indian Systems of Medicine**

The Indian Systems of Medicine & Homeopathy (ISM & H) cover systems that originated in India, as well as in other countries, and got assimilated over the course of time. These systems are Ayurveda, Siddha, Unani, Yoga & Naturopathy. Homeopathy originated in Germany and is also covered by the newly created Department of Indian Systems of Medicine & Homeopathy under the Ministry of Health & Family Welfare in the Government of India. The Indian Government has recognized these systems; they have to be differentiated from unrecognized systems and folk medicine.

The documentation of **Ayurveda** is referred in the Vedas (5000 B.C). Ayurveda was comprehensively documented by Charak Samhita and Sushruta Samhita. According to Ayurveda, health is considered a pre-requisite for achieving the goals of life, dharma, artha, kama & moksha (salvation). Ayurveda takes an integrated view of the physical, mental, spiritual and social aspects of human beings. The philosophy of Ayurveda [i.e., the 5 elements theory representing Tridosha: Vata (Ether + Air), Pitta (Fire), and Kapha (Water + Earth)] covers the physical entities known as the 3 humors. The mental and spiritual attributes are described as Satva, Rajas and Tamas. The various permutations and combinations of Satva, Rajas and Tamas constitute human temperament (prakrati) and personality. Ayurveda considers the human being as a combination of three doshas, (Panchamahabhutas) five elements, seven body tissues (Sapta-dhatu), five senses (Panchindriyas) with sensory and motor functions, Mind (Manas), intellect (Budhi) and Soul (Atman). The doctrine of Ayurveda aims to keep these structural and functional entities in a functional state of equilibrium which signifies good health. Any imbalance due to internal or external factors causes disease, and restoring the equilibrium through vari-

ous techniques, procedures, regimen, diet, and medicine signifies the treatment. In Ayurveda, diagnosis is done by questioning and by undertaking 8 investigations including pulse, urine, faeces, tongue, eyes, visual/sensual examinations and inference. Ayurveda considers the human being as a microcosm, treating each individual as separate, keeping in mind the condition of the body, mind, temperament, sex, age, metabolic fire, work-rest pattern, sleep pattern and diet.

**The Siddha System** is practiced in the state of Tamil Nadu in India. In addition to identifying the causes of the disease, this system studies the voice, color of the body, tongue, status of the digestive system and the person as a whole. The Siddha System places emphasis on the patient's environment, prevalent meteorological considerations, age, sex, race, habits, mental state, diet, appetite, physical condition and the physiological constitution. The Siddha system has been found to be effective in treating chronic cases of liver and skin diseases, anemia, peptic ulcer, and prostate conditions.

**The Unani System** of medicine is a well defined medical science, which is a fusion of devices, thoughts, experiences, and documentation derived through nations and countries with an ancient cultural heritage (Egypt, Arabia, Iraq, China, Syria, and India). It has its origin in 5<sup>th</sup> & 4<sup>th</sup> Century B.C under the patronage of Hippocrates and Galens of Greece (377-460 BC). The System is well documented in the Quran or Medical Bible and the writings of Al Razi (850-953 AC). The system is based on the humoral theory (i.e., presence of blood, phlegm, yellow bile and black bile), and the temperament of the person is analyzed as sanguine, phlegmatic, choleric and melancholic. The system has had special success in treating malaria, leucoderma, filaria, liver disorders, jaundice, eczema, metabolic disorders and arthritis.

**Homeopathy** is a specialized method of drug therapy that cures a natural disease by administering drugs that have been experimentally proved to produce similar artificial symptoms on healthy human beings. In late 1700, a German Physician, Dr. Hahnemann examined this observation discovering the fundamental principles of what has now become Homeopathy. In Homeopathy, it is claimed that symptoms are capable of producing

artificial symptoms on healthy individuals that can cure the same symptoms encountered in the course of natural disease. In treatment, primary emphasis is given to increasing the defense mechanism of the individual through a holistic approach and treatment is directed toward correcting the imbalances in the immune mechanism. In this system, the choice of medication is seldom identical although the disease may be the same. Homeopathy has proved effective for treatment of chronic diseases such as diabetes, arthritis, bronchial asthma, immunological disorders, behavioral disorders, and mental disorders.

**Yoga** is a way of life and consists of 8 components: restraint, observance of austerity, physical postures, breathing exercises, restraining the sense organs, contemplation, meditation and samadhi. These steps are believed to have the potential to improve physical health by encouraging better circulation of oxygenated blood in the body, retraining the sense organs and thereby inducing tranquility and serenity of mind. The practice of Yoga prevents psychosomatic disorders/diseases and improves an individual's resistance and ability to endure stressful situations.

**Naturopathy** is not only a system of treatment but also a way of life. It is often referred to as a drugless therapy that focuses on eating habits by using only natural, mostly uncooked food (fruits and vegetables). The system endorses purificatory practices, such as hydrotherapy, cold packs, mud packs, baths, massage and a variety of methods/measures to tone up the system, and to increase energy levels aimed at producing a state of good health and happiness. It has many proponents, namely chronic patients who found relief and sometimes cure where conventional treatment failed.

With the establishment of a full fledged Department of Indian Systems of Medicine & Homeopathy, all these systems are receiving attention and are being actively utilized in the delivery of health care. Emphasis is being placed on standard education, training and research. Several measures are being introduced to standardize the drugs and establish their safety and efficacy.

### **Infrastructure available in India for ISM**

There is a vast parallel infrastructure available for extending health services through the six indigenous non-allopathic systems of medicine. There is a separate Department of Indian Systems of Medicine & Homeopathy at the National level, headed by a Secretary to the Government of India with supporting technical and administrative staff. In the States and Union Territories there are separate Directorates for dealing with these systems. In some of the States, there are separate Ministers for Indian Systems & Homeopathy also. At present, there are about 587,536 practitioners of traditional medicines and Homeopathy. There are 2,862 hospitals and 22,104 dispensaries in the Government Sector (Annexures). In addition many other hospitals and dispensaries run by the non-governmental agencies.

### **Education and Availability of Practitioners in India**

The education (undergraduate & postgraduate) in the traditional systems of medicine (i.e., Ayurveda, Siddha, Unani and Homeopathy) are regulated by the Central Councils for Indian System of Medicine and Homeopathy. There are more than 300 Colleges of ISM & H conducting 5½ year degree courses. In addition, 45 Ayurvedic Colleges impart postgraduate training. Three major Institutions at the Gujarat Ayurveda University, Jamnagar, Institute of Medical Sciences, Banaras Hindu University and the National Institute of Ayurved, Jaipur, also impart postgraduate training and doctoral courses. The largest number of practitioners are in Madhya Pradesh, Rajasthan and Uttar Pradesh. Kerala State is also well known for preserving the classical traditions and systematically using Ayurveda.

Under the Unani System, twelve upgraded departments provided postgraduate education. A National Institute for Unani is under establishment. Unani has wide acceptance in Andhra Pradesh, Jammu & Kashmir and Uttar Pradesh. The Siddha System has seven postgraduate departments and two undergraduate colleges. A National Institute for Siddha is proposed to be established.

Undergraduate and Postgraduate Colleges as well as a National Institute of Homeopathy are also functioning throughout the country. There is a high degree of acceptance for Homeopathy in Maharashtra, Bihar, Tamil Nadu, Uttar Pradesh, West Bengal and Orissa.

### **Research and Development**

In the year 1969, the Government of India established a Central Council for Research in Indian Medicine and Homeopathy which was subsequently reorganized into separate Research Councils for Ayurveda and Siddha, Unani, Homeopathy and Yoga & Naturopathy. The research programs being undertaken by the Councils are broadly categorized into Clinical Research, including Community Health Care Research; Drug Research covering Survey and Cultivation of Medicinal Plants, Pharmacognosy, Phyto-chemistry, Pharmacology, Toxicology, Drugs Standardization; Literary Research for revival of the ancient classical literature and a Reproductive; and Child Health Program covering ante-natal and post-natal care and the development of contraceptive drugs.

The research findings are also publicized through the Councils publications and periodicals. Specialized monographs on the outcome of Clinical Research, Drug Research and Literary Research have also been published. The Research Councils can also be accessed on E-mail at the following addresses:

Central Council for Research in Ayurveda & Siddha (CCRAS) [ccras@del6.vsnl.net.in](mailto:ccras@del6.vsnl.net.in)

Central Council for Research in Unani Medicine (CCRUM) [ccrum@del3.vsnl.net.in](mailto:ccrum@del3.vsnl.net.in)

Central Council for Research in Homeopathy (CCRH) [ccrh@del3.vsnl.net.in](mailto:ccrh@del3.vsnl.net.in)

### **Pharmacopoeias and Formularies**

The Pharmacopoeia Committees for different systems of ISM & H constituted by the Government have published the first and second volumes of the Ayurvedic Formulary, comprising a total of 634

formulations, and the first volume of Ayurvedic Pharmacopoeia of India (A.P.I.), comprising monographs on 80 single drugs. The second volume of A.P.I. covering 78 single drugs is in process for publication. The first volume of a National Formulary of Unani Medicine and first volume of Siddha Formulary comprising 440 and 248 formulations, respectively, and five volumes of the Homeopathy Pharmacopoeia covering 605 drugs have already been published.

Recognizing the urgent need for laying down pharmacopoeial standards of drugs used in ISM, the Government of India has acquired the assistance of thirty-two leading academic/research institutions in the country. It is expected that the remaining single drugs and compound formulations of ISM will be standardized in a relatively short period.

### **Pharmacopoeial Laboratories**

The Government has established two pharmacopoeial laboratories for Indian Medicine and Homeopathy at Ghaziabad (U.P) to develop pharmacopoeial standards for single drugs, as well as compound formulations used in ISM & H. A small museum of raw drugs has also been established for reference purposes.

### **Drugs Control**

The manufacture of ISM drugs was brought within the purview of Drugs and Cosmetics Act in the year 1969 and the Drugs Controller General (India) at the central level and state drugs control authorities have been empowered to enforce the Act. Homeopathy is covered under the Act with the same approach as Allopathy. There is now a demand to allow over the counter sale of single homoeopathic medicines, which today is not permitted. The Government has constituted the Ayurvedic, Siddha and Unani Drugs Technical Advisory Board under the Act for advising the Government on all matters pertaining to the manufacture and sale of ISM drugs. As recommended by the Board, GMP for ISM drugs, the Amendments in Drugs and Magic Remedies (Objectionable Advertisement) Act and the relevant Schedules of the Drugs and Cosmetics Act are

periodically notified. Inclusion of GMP for Rasaushadis, Bhasmas, Cosmetics of ISM and Phyto-chemicals at an advanced stage has been proposed. Greater emphasis is now being given complete labelling and product inserts to make the consumer aware of the presence of any non-herbal, chemical or synthetic substance.

### **Drugs Testing**

In order to provide quality drugs, it is proposed to recognise Regional Drugs Testing Laboratories capable of conducting tests for 1(a) Macroscopic, Microscopic Pharmacognosy Profile (b) Chemical Tests for organic and inorganic constituents (2) Chromatographic profile (viz., TLC, HPLC, GLC profile) to locate the identity (3) Determination of heavy metals beyond permissible limits (4) Determination of microbial content beyond permissible limits (5) Absence of corticosteroids. Manufacturers are being encouraged to avail of a special certification scheme for safety for which the infrastructure is being set in place.

### **Medicinal Plants**

In order to maintain a sustained supply of raw drugs, strategies have been drawn up to conserve, propagate and cultivate medicinal plants by involving the State Departments of ISM, Forest Departments and the specialized units under the Councils for Scientific Research (CSIR) and Agricultural Research (ICAR). Financial assistance is also being provided to leading institutions for the development of agro-techniques for scarce/rare/endangered plants. A board to coordinate policy is also envisaged to be established, which would increase the production of Medicinal Plants for use by domestic Industry and for export. Quality Control and Certification of drugs to avoid adulteration and substitution will be the key responsibilities of such an agency, as well as introducing schemes and strategies aimed at propagating medicinal plants. The Department of Biotechnology is actively engaged in researching genetic upgrading of the species and adopting biotechnological techniques for genetic transformation.

### **Digital Data Base**

A digital library of information on the traditional use of medicinal plants is being established. Information on the therapeutic uses of medicinal plants and the names of formulations containing their uses is being compiled from the ancient texts of ISM.

### **Can Public Health and Traditional Medicine meet or mix?**

Combating communicable diseases and reducing mortality and morbidity are accepted as essential functions for Public Health. Globally, the outcome of basic research has been applied successfully in containing communicable diseases. Technical expertise has aided the strategizing of programs aimed at the control of communicable diseases, as well as field investigations of disease outbreaks. Numerous training programs have been organized to support programs' management at all levels. Evaluation of insecticides and drugs and prescribing a drug regimen suitable to be administered to large numbers of people has been an integral part of essential public health functions. Under these programs mainly aimed at controlling Malaria, Filariasis, Kalaazar, Leprosy, TB, AIDS, Cataract Blindness and Water-borne diseases, Government have received huge inputs from WHO, the World Bank and external donors. Significant budgetary enhancements have taken place at the national level in India to contain communicable diseases.

The success of public health depends not only on fulfilling the above responsibilities, but also on available infrastructure and community support, particularly where the public health infrastructure is weak. Building cohesive partnerships is not only important, it is critical for the success of any public health approach. To be able to tap the very sources the community relies upon traditionally is the test of any venture. Until now, public health managers have practically ignored the infrastructure of indigenous or non-allopathic practitioners who have registered after completing 5½ years of degree courses. Unfortunately, this infrastructure—which encompasses 2,862 hospitals, 22,104 dispensaries belonging purely to the traditional systems (coterminous with the primary health

centers in rural areas) and nearly 587,536 practitioners—have been treated as though they are outside the health system. It is nobody's argument that the traditional methods of diagnosis and treatment should be used by public health practitioners. At the outset, it is clarified that that is neither advisable, nor feasible. But certainly the involvement of this huge network can be used effectively for making available malaria drugs, which are routinely given to non-practitioners including primary school teachers, priests and volunteers through the Malaria depots at the block and village levels. Similarly, there ought to be no problem in using the services of registered practitioners for ensuring compliance with the TB regimen, particularly under the D.O.T.S. therapy once the diagnosis and treatment has been derived. Training for screening leprosy and cataract blindness cases should also pose no great problem, particularly when accessing such cases is itself a problem in remote areas. It must also not be forgotten that all these registered practitioners have had training in anatomy, physiology, bio-chemistry, surgery, E&T, obstetrics & gynecology, preventive and social medicine, pathology, bacteriology and parasitology during the 5½ year course requirements, taught by allopaths using allopathic medicine text-books. Their exposure to community health problems is similar to that of medical students—the problems and the conditions being the same. With appropriate training, all these practitioners could also be used to give correct information about the spread of HIV/AIDS and to remove the misconceptions that often defeat health interventions.

Regarding Sexually Transmitted Diseases and condom promotion aimed at limiting the spread of HIV infection, registered traditional practitioners could identify cases and refer them to an appropriate level under the modern health care systems. Also, they could supervise auxiliary nurse midwives and traditional birth attendants in rural areas, where often there are no doctors. These practitioners could also contribute significantly if they were trained to look for signs of opportunistic infections and secondary complications. Counseling to modulate behavior can also be undertaken effectively by them.

In the area of blindness control, allopathic doctors are routinely using cinerial maratarium eye drops for improving vision. In most cases, it takes 10 to 12 years for cataracts to mature. Eye drops that can provide relief are available both under Ayurveda and Homeopathy. Preferably, identified district level centers would be involved in the clinical trials of cineria maratarium eye drops to assess their efficacy scientifically. The indigenous practitioners can also help identify older, non-literate persons having symptoms of mature cataract which call for a referral to a microscopic center.

Such examples multiply if one stops to consider the paucity of human resources to ensure delivery of Public Health Services and the capacity of indigenous practitioners who have the knowledge and legitimacy to fill critical gaps given proper orientation. What is needed is an open dialogue about what is possible and where an opportunity presents itself to gain better outcomes. Public Health professionals and ISM & H practitioners need to deliberate on the benefits that can be derived from this huge infrastructure and the presence of registered doctors in rural areas.

### **A few Research Outcomes relevant for Public Health from the Indian Systems of Medicine and Homeopathy**

#### *Tuberculosis*

The Patipukur TB Hospital was established in Calcutta in 1933 specifically for managing TB patients through Ayurvedic drugs. The Ayurvedic management was discontinued in the year 1947 with the development and availability of anti-TB drugs. The regimen of modern TB drugs was started and about 2766 patients were treated with a cure rate of 11.42% and a death rate of 40.9%. When a group of patients on anti TB-drugs received supplementary Ayurvedic drugs, the cure rate was 41.3% and the death rate was 3.8%. Studies have also been conducted to assess the role of Ayurvedic treatment in resistant cases and a fresh clinical study covering resistant cases has recently been sanctioned under Extra Mural Research by the Department of ISM & H.

### *Homeopathic Medicines in the Management of HIV/AIDS*

In May 1989, the Central Council for Research in Homeopathy undertook a pilot study to ascertain the efficacy of homeopathic medicines in the clinical management of HIV/AIDS in May 1989. The study was undertaken at the Regional Research Institute of Homeopathy, Mumbai (May, 1989) and the Clinical Research Unit of Homeopathy, Chennai (October, 1991). An open study on a small number of patients is also in progress at New Delhi since 1993-94. Eight hundred and ten (328 at Mumbai, 392 at Chennai and 90 at New Delhi) HIV infected individuals have so far been registered in the open study. One hundred HIV infected individuals have also been registered under a double blind randomized placebo controlled study carried out at Mumbai between September 1995 and February, 1997. Studies are continuing at Mumbai, Chennai and New Delhi.

The results of both open and randomized studies suggest that homeopathic medicines have an immune modulatory and therapeutic role in managing HIV infection and opportunistic infections. Significant changes have been noted in clinical and immunological profiles of the patients under study. If the claims are scientifically proved, HIV/AIDS control professionals need to be informed so that the drugs can be incorporated as adjuvants.

### *Filariasis*

The species *Wucheraria Bancrofti* and *Brugia Malayi* are responsible for Filariasis in India. The former is more common and causes Fibrosis and swelling of the lower limbs and other parts of the body to occur. A four week course of herbal combinations consisting of *Sudarshan Ghanvati* and *Punarnavarishta* showed substantial reduction in the swelling in cases suffering from chronic filariasis. The measurement of the swelling was reduced to normal in one third of cases and about 50% of cases showed substantial reduction of swelling.

The effect of two preparations *Ayush-64* and *Saptaparna Ghanavati* was studied on microfilaria carriers. The 14 day course showed complete elimination of parasite with *Saptaparnaghanavati* while 50% effect was noted with *Ayush-64*.

These studies showed that the treatment can be used successfully in the prevention of the filariasis as well as for the relief of Chronic fibrosis. It may also act as an adjunct with modern treatment. Public health experts need to mount clinical trials in this area where clinical material is abundantly available. If improvement is registered, ayurvedic practitioners can be used to supplement the conventional approach.

### *Malaria*

The Central Council for Research in Ayurveda has developed an herbal drug, *AYUSH-64*, consisting of *Saptaparna*, *Katuka*, *Chirayata* and *Kuberaksha*. It has been clinically studied in a double blind clinical trial conducted at the Dr. A. Lakshmiapati Research Centre for Ayurveda, Chennai and also under field conditions. It has been compared to the use of chloroquine in the Primary Health Centres at *Sohana* and *Farukh Nagar* in *Faridabad*, *Haryana State* of India.

In the controlled clinical trial, patients were given 3 grams of *AYUSH-64* per day in divided doses for 4 days. The modern drug *Chloroquine 600 mg.* and 30 mg. *Primaquine* were given on the first day and 15 mg. of *Primaquine* for the following days. The study showed 95.4% response with *AYUSH-64* and 100% response with modern treatment.

A field study of *AYUSH-64* was also conducted in collaboration with NMEP and the government of *Haryana* in two PHCs at *Farukhnagar* and *Sohana* in *Gurgaon* district. Out of a total of 70 cases, 57 cases completed the treatment. Almost all the patients were clinically relieved after a five-day course of treatment. The total clearance of parasitaemia was seen in about 2/3 patients. Among the remaining cases, parasite count was reduced to negligible levels.

In some of the studies, liver function tests have been carried out in the patients, as well as ECG in 21 patients. No significant change was observed in both the groups in both the bio-chemical and hematological parameters. The outcome on parameters like total protein, cholesterol, eosinophils and lymphocytes count, SGOT and thymol turbidity need to be assessed by the relevant experts to establish whether the gains were significant

enough to use the drug as an adjuvant to be prescribed by the ayurvedic physician.

#### *Homeopathy and Filariasis*

The Central Council for Research in Homeopathy is carrying out a study on the efficacy of Homeopathic Medicines in Filariasis. They have evaluated 470 cases to date. Acute cases without gross obstructive changes responded well to Homeopathic therapy. The most remarkable response was found in lymphodema Grade I, which totally disappeared in 100%, and lymphodema Grade II, which improved in 63.79% of the cases. The greatest advantage in the treatment is that there are no side effects with the drugs, even on prolonged use.

#### *Asthma*

For Bronchial asthma, with particular reference to ascertaining whether homoeopathic medicines reduce the dependency on allopathic drugs, it was observed that they can effectively reduce the use of bronchodilators, anti-allergy medicine, puffs, and in some cases lead to complete withdrawal of drug dependency.

#### *Sickle Cell Anaemia and Homeopathy*

In a study on Sickle cell anaemia, it has been observed that homeopathic medicines are capable of reducing the frequency, intensity and duration of the attacks. Improvement was also seen in cases which presented hepatomegaly and splenomegaly.

The Council has also established that the Homeopathic medicines are effective in detoxifying the effects of drug addiction. The studies carried out through Navjoythi clinics under Delhi Police Organizations have been very encouraging.

All these claims need to be studied. And whenever there is a promising lead, the findings should be used by way of adjuncts or adjuvants to be prescribed by the appropriate physician, particularly when no side effects can be expected.

### **Research on the treatment of communicable diseases under the Unani System**

The Central Council for Research in Unani Medicine has undertaken clinical trials which include research into Bars (Vitiligo), Nar-e-Farsi (Eczema), Dausadaf (Psoriasis), Iltehad-e-Kabid (Infective hepatitis), Hasat-ul-Kuliyawa Masana (Urolithiasis), Qarah-e-Medda wa Asna-e-Ashari (Euodenal ulcer), Ishal-e-Muzmin (Chronic diarrhoea), Ishal-e-Aftal (Infantile diarrhoea), Deedam-e-Ama (Helminthiasis), Humma-e-Ijamia (Malaria), Zusanteria Mevi (Amoebic dysentery), Kala Azar (Leishmaniasis), Daul Feel (Filariasis), Zibetus Sukkari (Diabetes mellitus), Waja-ul\_Mafasil (Rheumatoid arthritis), Illehab-e-Tajaweef-e-Anf (Sinusitis), Zeeq-un-Nafas (Bronchial asthma).

The Council has indicated that they have developed new drugs for specific morbidities and the claims cover malaria, hepatitis B, Psoriasis, Eczema, Rheumatoid arthritis, Diabetes, Bronchial asthma, Diarrhoea and Leishmaniasis. The efficacy in all these cases has been claimed to be between 70% to 95%. It is important to support clinical studies in which the drugs are used as adjuvants to conventional treatment or offered as alternatives where allopathic treatment is not possible in some patients. It is time that these claims were researched through properly designed clinical trials. Prescription of the drugs in each case would no doubt have to be done only by an ISM practitioner.

#### **Yoga**

Efficacy of Yoga in cases of Anxiety Neurosis have been conducted at All India Institute of Medicinal Sciences (AIIMS), New Delhi, which has indicated that Yoga therapy helps to reduce, or even eliminate, drug intake by psychiatric patients. According to a report of the Indian Council of Medical Research, results of several studies have indicated the immense value of Yoga in restoring the optimum functioning of a person through reestablishment of inner balance. Adopted as a way of life it acts as a psychological prophylactic and immunizes an individual against the adverse influences of daily stress.

Apart from the effect on the brain and mind, studies have been conducted on the effects of yogic techniques on respiratory disorders, hypertension, diabetes, and physical endurance with definitive results in improving well being and reduction in drug dosage. Yogic exercises, which are psycho-physiological in nature, improve flexibility and physical fitness of athletes as well as sportsmen. The Defence Institute of Physiology and Allied Sciences demonstrated that yogasanas enabled the defense personnel posted at high Himalayan ranges to withstand variations at high altitude. Recent studies at AIIMS, New Delhi using Yoga exercises in cardiac rehabilitation have shown the beneficial effect of Yoga therapy even with severe cardiac ailments.

Research is needed in the use of this strategy as a measure to improve community health, particularly where living conditions are intemperate. Attendance at Yoga sessions is gaining popularity. Since the maintenance of good health is a motivating factor for practicing Yoga, the congregation of people who practice Yoga can be effectively used to pass on important public health messages, particularly in the preventive field.

### **Conclusion**

Whether one acknowledges the fact or not, trends all over the world show that people are not only willing to try alternative systems of medicine but are actively seeking non-conventional remedies. People have a right to be educated about what is efficacious and what is not. If efficacy is established, it is important to give the option to people to decide what they wish to use. Equally, if there are no side effects, it is time that remedies based on indigenous systems are offered as adjuvant or adjuncts to help restore normalcy. Instead of treating the indigenous practitioners as alien and, therefore, at variance with public health approaches,

healthy partnerships should be formed that are aimed at preventing disease and encouraging rapid recovery. For all this to become a reality, we need to mount clinical research studies with scientific protocols in leading centers, where a strong client profile is available on whom the tests can be conducted and therapeutic claims established.

The Centre for Alternative Medicine at the National Institutes of Health (NIH), USA have a budget of \$50 million set aside only to examine the therapeutic claims of alternative systems. It is reported that almost \$7.5 million have already been accessed for clinical research being conducted on alternative medicine in the USA. It is time that India with its vast number of public health professionals, array of clinical material, and research laboratories with experience in undertaking fundamental, clinical and operational research supported by bodies like the Indian Council of Medical Research, move into this area to avail of funding available through NIH, USA. It is time that proper programs for testing the claims of traditional medicine are drawn up on priority with a view to giving patients added relief while combating morbidity. It is also time that the potential available is harnessed and exploited in the name of medical science and patient care. It is time that WHO gives a direction beyond the peripheral and plunges into areas which hold a promise but which have failed to get the attention of public health specialists and scientists until now. Before the aversion to the side effects of conventional medicine pushes people into medicating themselves and before promising claims are rendered futile even before they have been studied, tried, and tested, prioritization, investigation and proper publication of outcomes must provide us with direction. We have the potential to do this efficiently if we decide to use the opportunity to build an effective partnership. The time is now.