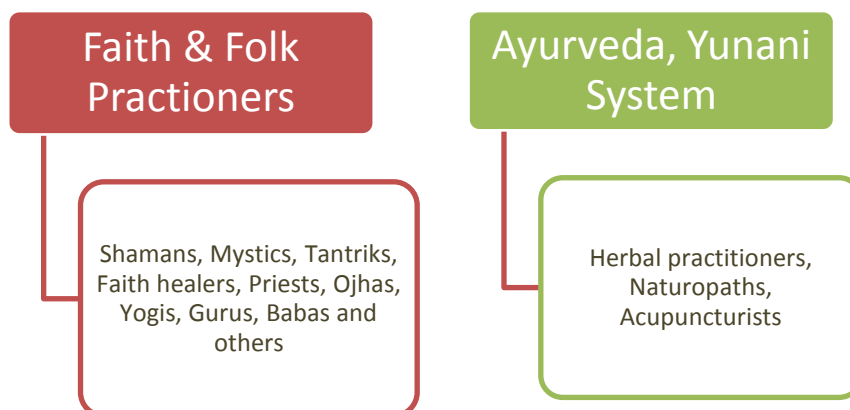


### c. Traditional Health Care Services:

Parallel systems of health care existed in India for ages. Traditional health care practices are of two types. The first can be loosely categorized as faith and folk practitioners, which comprises shamans, mystics, tantriks, faith healers, priests, ojhas, yogis, gurus, babas and others. Though these healing practices are consistent with the cultural beliefs and have popular mass support, these are seen with skepticism by most of the government agencies. The second category, which is often labeled as traditional medicine and recognized by the government as alternative systems are the practitioners of ayurveda, Yunani system and homeopathy. Of course there are many others, such as herbal practitioners, naturopaths, acupuncturists, etc, who are frequented by patients and their families. Such a diversity of systems and their local variants constituted a rich tapestry of health care practices in India. They provided the whole range of services to cater to physical, mental, social and spiritual health of local communities. It may be noted that most of these practices and associated systems have evolved over a long history – some of these have been practiced for thousands of years, are time-tested and culturally-compatible (Dalal & Subha, 2005). These practices survived primarily on popular support and being integral to community life. WHO estimated that, "In many countries, 80% or more of the population living in rural areas are cared for by traditional practitioners and birth attendants."(Bodekar, 2004).

(13. Source: Integrating Traditional Services within Primary Health Care by Ajit K Dalal, University of Allahabad, In Journal of Health Management, 7(2), 249-262. 2005.)

### Traditional health care practices



### d. The Challenge of Integrating Health Care Systems:

To understand the challenge of integration of diverse systems, let us briefly review the genesis of the conflict. In 1938, largely as a result of the Freedom Struggle and emphasis on 'swadeshi', the National Planning Committee (NPC) set up by the Indian National Congress took a decision to absorb practitioners of Ayurveda and Yunani systems into the formal health set-up of independent India. In 1946, the Health Ministers Conference adopted the NPC proposals and resolved to make appropriate financial allocations for<sup>13</sup>:

- ✓ Research, based on the application of scientific methods, in Ayurveda and Yunani;

- ✓ The establishment of colleges and schools for training in diploma degree courses in indigenous systems;
- ✓ The establishment of postgraduate courses in Indian medicine,
- ✓ The absorption of vaidas and hakims as doctors, health workers etc, and
- ✓ Inclusion of departments and practitioners of Indian medicine on national health committees.

**(13. Source: Integrating Traditional Services within Primary Health Care by Ajit K Dalal, University of Allahabad, In Journal of Health Management, 7(2), 249-262. 2005.)**

### **The Possibilities of Integration**

There are two schools of thoughts in this regard. The first school views traditional systems as based on fundamentally different assumptions about human life, health and illness, which, in no way can reconcile with the theories of biomedicine. The traditional medicines attempt to restore the balance of mind-body-soul and treat patients holistically. The medical approach, on the contrary, treats a patient as a passive organism and focuses only on bodily aspects of the health problem. These fundamental differences in these two approaches are reflected in the differences in the formulation of the theories pertaining to causation of diseases, pharmacology and drug action, dietetics and nutrition, diagnostics, etc. (Shankar, 1992). Thus, those who subscribe to the first school consider western and traditional medicines irreconcilable and prefer them being practiced rather independently.<sup>13</sup> The second school though acknowledges the differences in the two medicinal approaches; they see many possibilities of developing a unified health care delivery system. Their emphasis is on a creative synthesis between these two systems to develop a new Indian model of health care. The vast local resources of health care need to be mobilized into the crumbling public health services where different medicinal systems can work less than one roof. There are many possibilities and we need to learn from the experiments done in many Asian countries.

**(13. Source: Integrating Traditional Services within Primary Health Care by Ajit K Dalal, University of Allahabad, In Journal of Health Management, 7(2), 249-262. 2005.)**