

Does Ayurveda Qualify As A Public Healthcare System?

*Dr Aakash Kembhavi, Director, Astanga Wellness Pvt Ltd, Hubli, Karnataka, India

Dr Anita Kadagad Kembhavi, Director, Astanga Wellness Pvt Ltd, Hubli, Karnataka, India

*Corresponding Author: drkembhavikpl@gmail.com

Paper Received: 20-04-2021

Paper Accepted: 24-04-2021

Corrected: 2-05-21

Abstract: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the cause of the coronavirus disease 2019 (COVID-19) pandemic, is the worst challenge for a century for international health and financial systems. It was declared as a global pandemic on 11 March 2020 by World Health Organization. There are serious gaps in response to the disease even in highly developed economies and healthcare systems. Presently, in the second wave, we are seeing that the healthcare system is collapsing and unable to provide the necessary care. Without strong policies and leadership, healthcare systems do not spontaneously provide balanced responses to these challenges, nor do they make the most efficient use of their resources. It's also important to consider whether the system is delivering what people need: coverage of a broad range of services, especially those that are important for the sickest among us, timely access to affordable, high quality care, and innovation that ensures care gets better over time. For most people, whether the system is market-based or government-run, matters a lot less than whether it's meeting their needs. And that's the way it should be. The current Covid 19 pandemic has exposed the shortcomings of Ayurveda as a system of healthcare to rise to the challenges faced by the country and to provide a guideline to its practitioners to tackle the crisis. Transformation must focus on the value of results in the health care system over the quantity of services provided. Ayurveda may not have the biggest role in public health currently, but the opportunities for expansion are limitless. We are of the opinion that Ayurveda does not qualify as of today to be called as a well functioning public healthcare system.

Key Words: Ayurveda, Public Healthcare System, Covid 19, Care, Health Policies

Historically, Ayurveda has been a holistic, inclusive, progressive and continuously evolving knowledge system with universal attributes. It has been a long recognised need that India should take up the initiative of developing a healthcare model pivoted on Ayurveda¹.

The National Health Policy of India (2002) notes that “Global experience has shown that the quality of public health services, as reflected in the attainment of improved public health indices, is closely linked to the quantum and quality of investment through public funding in the primary health sector. The policy also noted that “Under the overarching umbrella of the national health frame work, the alternative systems of medicine – Ayurveda, Unani, Siddha and Homoeopathy – have a substantial role. Unfortunately, what was lost in the planning was the fact that over 800,000 licensed, registered practitioners of Ayush were not factored into the healthcare delivery plan till recently. Not having leveraged the presence of this alternative health resource has proven to be ill-advised given that affordability and accessibility have been identified as critical issues plaguing the healthcare sector in India in general and rural areas in particular².

Shri Shekhar Dutt, SM, Former Governor of Chattisgarh State, India is of the opinion that - Traditional medicine has been widely involved in healthcare in both developing and developed countries. India and other countries of Asia have, over many millenniums acquired enormous knowledge about the medicinal properties and usages of local biological and mineral resources and, they have been using them for providing health care to the people. Health and medical care solutions need to be always central issues and remain uncompromised aim of an effective integration³.

Dr. Chandra Kant Katiyar, Vice President, IASTAM (Indian Association for the Study of Traditional Asian Medicine) opines that – The Government of India gave impetus to the Indian systems of medicine rather late in 1964

when it was accorded official recognition by its inclusion in the Drugs and Cosmetics Act and the rules of 1945. While the Government was occupied with the question of methods to provide national recognition, efforts remained isolated and lacked a forum to draw people from diverse fields contributing to the scientific validation of Ayurveda. Though the C.C.I.M. (Central Council of Indian Medicine) Act was passed in 1971, the transitional situation remained unclear in its approach about addressing the interface between the indigenous systems and modern medicine⁴. Ayurveda, by virtue of its whole-system approach uses a judicious combination of lifestyle modifications, dietary changes, detox therapies as well as pharmacological disease management to restore normalcy of biological mechanisms, and is in a unique position to address the challenge of global disease burden⁵.

Ayurveda offers a documented knowledge base, technological and intellectual adaptabilities, potential for scientific scrutiny, product potentials and healthcare opportunities; it can provide unique solutions to contemporary medical needs and even has the capability to contribute to redefining health needs⁶.

Dr. Arvind Kasthuri, Professor, Department of Community Health, St John's Medical College, Bengaluru, says - Our country began with a glorious tradition of public health, as seen in the references to the descriptions of the Indus valley civilization (5500–1300 BCE) which mention “Arogya” as reflecting “holistic wellbeing.” The Chinese traveller Fa-Hien (tr.AD 399–412) takes this further, commenting on the excellent facilities for curative care at the time. Today, we are a country of 1,296,667,068 people (estimated as of this writing) who present an enormous diversity, and therefore, an enormous challenge to the healthcare delivery system. This brings into sharp focus the WHO theme of 2018, which calls for “Universal Health Coverage-Everyone, Everywhere⁷.”

The Ministry of Health and Family Welfare, Govt. of India has framed “National Health Policy -2017 which encompasses various aspects related to the AYUSH system of Medicine. Promotion of healthy living and prevention strategies from AYUSH systems and Yoga at the work-place, in the schools and in the community would also be an important form of health promotion that has a special appeal and acceptability in the Indian context. The ultimate goal is “the attainment of highest possible level of health and wellbeing for all at all ages, through a preventive and promotive healthcare orientation in all developmental policies, and universal access to good quality healthcare services without anyone having to face financial hardships as a consequence⁸.”

With this rich heritage of knowledge and utility, Ayurveda somehow does not yet qualify as an official public healthcare system in India. Let us try to understand the definitions and dimensions of Public Health and Public Healthcare System.

What is Public Health?

The approach to medicine that is concerned with the health of the community as a whole. Public health is community health. It has been said that: “Healthcare is vital to all of us some of the time, but public health is vital to all of us all of the time.” The mission of public health is to “fulfil society's interest in assuring conditions in which people can be healthy.” The three core public health functions are:

- J The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities;
- J The formulation of public policies designed to solve identified local and national health problems and priorities;
- J To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care⁹.

What is Public Healthcare System?

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities' contributions to the health and well-being of the community or the state are recognized in assessing the provision of public health services. Public health has two primary aims, prevention and health promotion. Prevention is action taken to prevent

the occurrence of an event or to minimize its effects after it has occurred. The 10 Essential Public Health Services: Public health systems should¹⁰:

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Though, there have been initiatives from the various bodies governing Ayurveda, they have not been translated into results which can be seen on the ground impacting the health and well-being of people, the way a public healthcare system should be.

The present health scenario of Covid-19 has exposed the fact that Ayurveda as a system does not have the coherent organisation that is needed to address the public health crisis that India is facing.

The Covid Crisis:

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the cause of the coronavirus disease 2019 (COVID-19) pandemic, is the worst challenge for a century for international health and financial systems. It was declared a global pandemic on 11 March 2020, 6 weeks after it had first been reported from China as a new respiratory virus. By then, 118,000 cases had been reported from 114 countries and 4291 people reported to have lost their lives. Only 7 weeks later, as of 5 May (2020), **3,544,222** cases of COVID-19, including **250,977** deaths, have been reported from 187 countries and regions, and maritime quarantine. There are serious gaps in response to the disease even in highly developed economies and healthcare systems. Experience of COVID-19 across the world indicates that pandemic preparedness in most countries appears at best to have been a paper exercise. Stockpiling essential medical supplies and having reserve health service capacity are undoubtedly costly. But so are the consequences for facing a pandemic unprepared¹¹.

That the Covid 19 pandemic has challenged the health infrastructure of the entire world would be a gross understatement. Manpower and infrastructure have been tested to the maximum and we have lost the lives of innumerable doctors, nurses and other personnel which probably could have been saved. These were preventable deaths. Presently, in the second wave, we are seeing that the healthcare system is collapsing and unable to provide the necessary care.

Amidst this chaos, Ayurveda, the ancient Indian system of healthcare has been promoted as an immunity boosting measure and is nowhere in the clinical management protocol of Covid 19 cases. A few vaidyas and Ayurveda hospitals across the country are doing things at an individual level as many state governments have not permitted the use of Ayurveda as a healthcare system to tackle the Covid 19 cases. Many Ayurveda practitioners including us have been constantly demanding that Ayurveda be given a chance to prove its efficacy, but so far there is no response from the authorities. There is a level of hopelessness and desperation creeping in amongst the practitioners and we can vouch that there are many of them who have been handling all stages of Covid 19 cases successfully. The simple request is that Ayurveda management protocol should be incorporated with the contemporary medical protocol in the treatment of Covid 19 and its complications. That this is not happening made us ask the question - **Does Ayurveda qualify as Public Healthcare System?**

What is a well functioning health system?

The WHO outlines key components of a well functioning health system: A well functioning health system responds in a balanced way to a population's needs and expectations by:

1. Improving the health status of individuals, families and communities
2. Defending the population against what threatens its health
3. Protecting people against the financial consequences of ill-health
4. Providing equitable access to people-centred care
5. Making it possible for people to participate in decisions affecting their health and health system.

Without strong policies and leadership, health systems do not spontaneously provide balanced responses to these challenges, nor do they make the most efficient use of their resources. As most health leaders know, health systems are subject to powerful forces and influences that often override rational policy making. These forces include disproportionate focus on specialist curative care, fragmentation in a multiplicity of competing programs, projects and institutions, and the pervasive commercialization of health care delivery in poorly regulated systems. Keeping health systems on track requires a strong sense of direction, and coherent investment in the various building blocks of the health system, so as to provide the kind of services that produce results¹².

Going through the above, it seems pretty clear that Ayurveda has a long way to go to achieve the status of a well functioning healthcare system. As Dr Beracochea says - A good system is one that is organized in a way to ensure timely access to the highest attainable standard of care to all its citizens; one that has the right programs managed by competent professionals; one in which clinics provide preventive and curative care for the most common conditions, i.e. primary health care in facilities or in the community where people live. All this is done in accordance with the respective program norms and standards. A good system is one where hospitals to which patients are referred, deliver secondary or tertiary level of care as defined in the country's programs¹³.

Ashish Jha¹⁴ opines that - While accessibility, timeliness, and affordability are key, there are other aspects of care that get less attention, but are just as important: we want care that is safe and effective and produces the best outcomes possible. It's also important to consider whether the system is delivering what people need: coverage of a broad range of services, especially those that are important for the sickest among us, timely access to affordable, high quality care, and innovation that ensures care gets better over time. For most people, whether the system is market-based or government-run matters a lot less than whether it's meeting their needs. And that's the way it should be.

Ayurveda with its preventive and curative aspects and a holistic medical system was practiced in India even before many civilizations could understand the basics of healthcare. It is an undisputed fact, but to just rely on a glorious past does not get the system anywhere in the present context. Fortunately, the world is accepting the principles of Ayurveda but, there is still a long way to go in terms of becoming an accepted healthcare system across the globe. Even in India, it is not the first choice for treatment. This highlights the failure of the system in place which is looking after Ayurveda. The present pandemic has just magnified the gross inability of Ayurveda as a healthcare system to respond to the needs of the people of the country. Though, it enjoys rich governmental support and is promoted as a panacea for all the ills plaguing the society backed by funding for research, it has not been able to address the issue of the pandemic satisfactorily. Lifestyle and dietary regimen are advised without emphasis on personal responsibility. With an infrastructure of more than 300 colleges across the country and more than 8 lakh qualified practitioners, it was expected that Ayurveda would be playing a considerable role in developing a protocol for management of Covid 19 and its variants which are creating havoc in the society today. At the time of writing this, India has broken the record for the daily number of Covid-19 positive cases detected anywhere in the world since the outbreak.

There was ample time for the people managing Ayurveda to explore the possibility of using Ayurveda treat-

ment protocols in the management of mild, moderate and severe cases of Covid 19 patients. This has not happened so far. What could be the reason? We feel that Ayurveda as a system of healthcare does not function coherently and is not in sync with the needs of the society. It is still ruled by a patriarchal mindset and attitude. It lacks a professional approach and has not been able to instil confidence in its students and practitioners about its utility in public healthcare. No wonder then that a vast majority of students passing out of Ayurveda colleges end up practising allopathic medicine. The curriculum does not reflect the current healthcare needs of the society and the quality of teaching is very basic and lacks in motivation. Innovation and research are very poorly understood. Post graduate studies too are sub-standard. Overall, the scenario is very gloomy and though a system is in place, it does not function as an effective public healthcare system. This defeats the very purpose of the great seers of Ayurveda, who propounded and promoted Ayurveda thousands of years ago.

What is missing?

The following is based on WHO's guidelines on Key Components of a well-functioning health system¹⁵. We feel that the guidelines are applicable to Ayurveda as well, if it has to become a well functioning health system. Though there exists a separate Ministry of Ayush and its paraphernalia of departments and personnel, we think that these components are missing:

1. **Determined leadership and governance:** Each country's specific context and history shapes the way leadership and governance is exercised, but common ingredients of good practice in leadership and governance can be identified. These include ensuring that health authorities take responsibility for steering the entire health sector (not merely public sector service delivery); and for dealing with future challenges (including unanticipated events or disasters) as well as with current problems. Defining, through transparent and inclusive processes, national health policies, strategy and plan that set a clear direction for the health sector.
2. **Health information systems:** Good governance is only possible with good information on health challenges, on the broader environment in which the health system operates, and on the performance of the health system.
3. **Health financing:** Health financing can be a key policy instrument to improve health and reduce health inequalities if its primary objective is to facilitate universal coverage by removing financial barriers to access and preventing financial hardship and catastrophic expenditure.
4. **Human resources for health:** The health workforce is central to achieving health. A well performing workforce is one that is responsive to the needs and expectations of people, is fair and efficient to achieve the best outcomes possible given available resources and circumstances. Countries are at different stages of development of their health workforce but common concerns include improving recruitment, education, training and distribution; enhancing productivity and performance; and improving retention.
5. **Essential medical products and technologies:** Universal access to health care is heavily dependent on access to affordable essential medicines, vaccines, diagnostics and health technologies of assured quality, which are used in a scientifically sound and cost-effective way. Economically, medical products are the second largest component of most health budgets (after salaries) and the largest component of private health expenditure in low and middle income countries.
6. **Service delivery:** Health systems are only as effective as the services they provide. These critically depend on: Networks of close-to-client primary care, organized as health districts or local area networks with the back-up of specialized and hospital services, responsible for defined populations.

The current Covid 19 pandemic has exposed the shortcomings of Ayurveda as a system of healthcare to rise to the challenges faced by the country and to provide a guideline to its practitioners to tackle the crisis. A task force was constituted albeit at a much later date but, we have not heard any concrete recommendations from them till date. Guidelines to manage Covid 19 have been released but, they are causing more confusion amongst the practitioners

(Continues on next edition.....)

Does Ayurveda Qualify As A Public Healthcare System?

*Dr Aakash Kembhavi, Director, Astanga Wellness Pvt Ltd, Hubli, Karnataka, India

Dr Anita Kadagad Kembhavi, Director, Astanga Wellness Pvt Ltd, Hubli, Karnataka, India

(Continued from previous edition.....)

The top leadership (from Ayurveda) has failed to communicate clearly about the utility of Ayurveda. There is no effort to bring together the best minds in Ayurveda on a common platform to address the issue. There is no dearth of competent clinicians who can stand shoulder to shoulder with the best of the modern clinicians to bring about an integrated management protocol for Covid-19 which will bring the country out of the crisis that we are presently facing. There is no think tank or a committee which meets frequently to assess the health needs of people and formulates a plan of action to address the issues. It is becoming a case of “too little and too late”.

Way Forward: Going Ahead:

If Ayurveda as a system does not rise to the challenges of the present day, then it will hurt its chances of establishing itself as a competent public healthcare provider.

The healthcare industry has six big challenges ahead in 2021¹⁶:

1. Rightsizing after the telehealth explosion
2. Adjusting to changing clinical trials
3. Encouraging digital relationships that ease physician burdens
4. Forecasting for an uncertain 2021
5. Reshaping health portfolios for growth and
6. Building a resilient and responsive supply chain for long-term health

Ayurveda is based on the principles of, “Prevention is better than cure” and, public health has always been the focus of its approach. In fact, Ayurveda came into existence to address the public health issues that people were facing and that were hampering their day-to-day functions much like today. Pandemics and their causes and their remedies have been described in the texts of Ayurveda. It is only an issue of putting mind over matter. A strong will and sense of direction is the need of the day.

Ayurveda has always believed in providing better care to improve the quality of life but somehow today, vested interests of people involved and myopic policies are preventing its progress. A good healthcare system is also supported by a strong education system which responds to the needs of the people. Education in Ayurveda too is facing its own challenges and roadblocks¹⁷.

Possible Solutions:

The following has been taken from the Myers and Stauffer’s 7 Key Components of Healthcare brochure¹⁸ which we feel that it encompasses all that needs to be implemented in Ayurveda to make it a good public healthcare system:

- 1) Better Care incorporates access to care, quality of care received by individuals, and the individual’s experience with the health care delivery system.
- 2) Healthier People requires identifying common population health issues, evidence-based clinical practice guidelines, approaches to address social determinants of health, and mechanisms to measure change or improvements in population health.
- 3) Smarter Spending creates incentives for strategic investments in the health care delivery system and paying for value and outcomes over merely the volume of services provided.

Transformation must focus on the value of results in the health care system over the quantity of services provided. These are the seven key components that must be present for successful transformation.

1. Strategic Planning and Design
 2. Implementation and Oversight
 3. Care Coordination and Integration
 4. Value over Volume
-

5. Population Health Focus
6. Health Information Technology
7. Authorities

Discussion and Conclusion:

Ayurveda may not have the biggest role in public health currently, but the opportunities for expansion are limitless¹⁹. World is eagerly waiting for the help of Ayurveda in solving their health problems. Government of India is ready to offer financial help for the development of Ayurveda as international brand. All the stake holders of Ayurveda i.e. researchers, practitioners, teachers, law makers, professional organizations of Ayurvedic practitioners etc. should respond to call of the time. Public health today is gaining momentum all over, and is a good sign for traditional medical systems to get their place to fulfil the need of the day. Ayurveda is the greatest choice for achieving the goal of personal health along with public health²⁰.

It can be argued that Ayurveda has been in existence since thousands of years and that it has been used to treat various health conditions across India, but it is a stark reality that there is no platform to showcase the utility of Ayurveda for its effectiveness in tackling the public healthcare issues. We are of the opinion that Ayurved does not qualify as of today to be called as a well functioning public healthcare system, but firmly believe that it has the potential to address the healthcare needs of the society, and can help reduce the disease burden of not only India, but of the world as well. An opportunity has been lost and a year has passed by without any tangible actions and results, and if there is further delay, then Ayurveda will probably keep surviving in the background like it has been for centuries. It will probably never achieve the status of a well functioning public healthcare system.

Funding: Nil

Conflict of Interest: None

References:

1. Gangadharan, G G. (2020). 'Ayurveda – An Integrative Model of Healthcare in the 21st century'. In N. Bhatt [Ed.], *Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products*. I/3, p.43, Continental Prakashan, Pune, India.
2. Ibid. Gangadharan, C.G. *Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products*. p.48.
3. Dutt, S. (2020). 'Message'. Dr Narendra Bhatt (ed). *Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products*, First ed. p.I. Continental Prakashan, Pune.
4. Katiyar, C.K. (2020). 'Prologue'. Dr Narendra Bhatt (ed). *Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products*, First ed. p.V. Continental Prakashan, Pune.
5. Ibid. Gangadharan, G G. *Integrative Perspectives: Ayurveda, Phytopharmaceuticals and Natural Products*. pp. 35-57.
6. Bhatt, N. (2013). 'Ayurveda: A Perspective, Guidance of Opening Ceremony'. Conference proceeding at ICTAM VII *Beyond Integration: Reflections on Asian Medicines in the 21st Century*. Chanwon Exhibition Convention Centre, Korean Ministry of Health and Welfare, S. Korea.
7. Kasthuri, A. (2018). 'Challenges to Healthcare in India - The Five A's'. *Indian J Community Med*. 43(3): 141.
8. Available on: https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf (accessed on: 29-03-21).
9. Available on: https://www.medicinenet.com/public_health/definition.htm (accessed on: 31-03-21).
10. Available on: <https://courses.lumenlearning.com/atd-clinton-hsm111/chapter/functions-of-the-public-health-system/> (accessed on: 2-04-21).
11. Singer, D. (2020). 'Clinical and health policy challenges in responding to the COVID-19 pandemic'. *Postgraduate Medical Journal*. 96:373-374.
12. Available on: https://www.who.int/healthsystems/EN_HSSkeycomponents (accessed on: 03-04-21).
13. Available on: <https://www.realizingglobalhealth.com/what-is-a-good-health-system/> (accessed on: 03-04-21).
14. Available on: <https://blogs.sph.harvard.edu/ashish-jha/2017/09/18/judging-health-systems-focusing-on-what-matters/> (accessed on: 04-04-21).
15. Available on: https://www.who.int/healthsystems/EN_HSSkeycomponents (accessed on: 04-04-21).
16. "Top health industry issues of 2021: Will a shocked system emerge stronger?" Available on: <https://www.pwc.com/us/tophealthissues>. (accessed on: 05-04-21).
17. Kembhavi, A. and Kembhavi, A.K. (2020). 'Reforms in Ayurveda Education: Challenges & Roadblocks'. *Journal of Natural & Ayurvedic Medicine*. 4(1): 000224, DOI: 10.23880/jonam16000224
18. Available on: https://myersandstauffer.com/wp-content/uploads/2018/10/7_Key_Components_of_Healthcare_Brochure.pdf (accessed on: 05-04-21).
19. Kamath, M. (2020). 'The Role of Ayurveda in Public Health. *Indian Journal of Public Health Research & Development*. 11(7): 389.