What will Prevail: Science Or Prejudice?

Integrating Medical Systems

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As a Post Graduate at the All India Institute of Medical Sciences (AIIMS), New Delhi in 1977, I chanced upon an announcement of a Workshop on ‘Ayurvedic concepts and nomenclature’, being organized by the Advisor to the Government of India on indigenous systems of medicine. Some of us thought that it would be an excellent opportunity to explore an area that our undergraduate and postgraduate studies, based on modern scientific medicine, had ignored. To our surprise, all the other participants turned out to be pharmacology professors and researchers from American Universities. Not a single Indian professor or researcher, including from the host institution, had cared to participate!

The excellent discussion, for instance an exposition of the Tridoasha concept – vatta, pitta, and kapha- and the principle of balance, were very thought provoking. However, the absence of local professors and researchers was very disturbing. Had the glamour of ‘western’ medicine so mesmerized us that we were not ready to explore the science of ideas from our own heritage, that which was so integral to our history and culture? Or was it inevitable that, as in most aspects of scientific and technological development in our country, the medical profession in India was awaiting a textbook of Ancient Indian Medicine, by a collective of American professors and published by McGraw Hill or Wiley, before we would begin to take our own plural medical inheritance seriously.

The diversity and plurality of medicine in India is a historical fact. A WHO report in 1983, quoting Government of India sources, estimated that this plurality was symbolized by the presence of 8 lakh practitioners of which only 2 lakh were allopaths; eight systems of medicine – Ayurveda, Siddha, Yoga, Naturopathy, Unani, Homeopathy and Tibetan medicine and allopathy; 108 undergraduate training institutes, two post graduate training institutes, 21 post graduate departments and one university in the other systems; 215 hospitals and 14,000 dispensaries offering services of other systems, four central councils of training and research to determine standards and 50 institutes and 200 research units undertaking research in these systems. Today, a decade after this report, the quantitative and qualitative situation of this plurality must be much richer.

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India has a rich historical diversity of medicine. We must integrate all that is best from every system: ayurveda, naturopathy, unani, homeopathy and Tibetan medicine.

The historical prejudice of the promoters and practitioners of allopathic medicine in India is also an indisputable fact. In 1833, a committee appointed by Lord William Bentick opined that all medical teaching in India be on “the principles and practice of medical science in strict accordance with the mode adopted in Europe”. One hundred and sixty years later, the situation has not changed, and the brown sahebs who dominate our medical colleges, professional associations and health care institutions, have remained faithful to this dictat. The mission health sector is no exception to this rule.

The prejudice of professionals trained in ‘modern western scientific medicine’ towards all the other systems that do not come in American or British ‘packages’ is more symbolic of the ‘cultural colonialism’ of the transplanted medicine rather than its scientific ethos. How else can one explain the fact that the majority of care-providers within our network regard others systems with disinterest, apathy and often hostility. Many club the alternate systems of medicine under ‘traditional superstition’ and as an ‘inferior health culture’ waiting to be transplanted be a better, ‘super system’.

A truly scientific approach to medicine would require us to have a rational, open attitude to accepting ideas from ‘modern’ or ‘traditional’ systems that have proven to be effective, on the basis of scientific enquiry. Such an attitude, free of professional or cultural prejudice, would be willing to accept:

- Garlic and Bengal Gram as protection against heart diseases
- Salt water gargles, steam inhalations and yogic breathing exercises as better antidotes to upper respiratory infections than all the overused and often unnecessary antibiotics;
- Home based kanji, rich gruel or ORT as a better antidote to childhood diarrhoeas rather than the range of irrational anti-diarrhoeals available in the market today or even the over—mystified intravenous fluid therapy;
- Acupressure, homeopathy and acupuncture as useful adjuncts to allopathic practice;
The need to depromote irrational injection/tonic practice and be less enthusiastic about episiotomies, tonsillectomies and CCU’s, all of which are yet to prove their efficiency, on rigorous scientific review. Are we ready for this open attitude to all systems of medicine including our own? Will we promote the integration of all that is best from every system and tradition, and weed out all that is not of proven value?

The Shrivastava Report (1975) had recommended the “need to evolve a national system of medicine for the country through the development of an appropriate and integrated relationship between modern and indigenous systems of medicine”. The ICSSR/ICMR Health For All Report (1981) has exhorted that the “alternative model of health care will strive to create a national system of medicine by giving support to synthesizing the indigenous systems”.

What will be the contribution of the mission health sector to this goal?

In the 1990’s, non–allopathic systems are getting a new lease of life. The factors for this revival and increasing popularity are many. There is growing disillusionment with the excess and hazards of allopathy: there is a nationalistic revival that is promoting all that is ‘old’ as gold; the market economy has discovered the profit potential of investing in the “back to nature and tradition” fad; there is (misplaced) economic common sense which promotes other systems in the mistaken belief that they are necessarily cheaper; there is the populist rhetoric that seeks to promote such systems because they are more acceptable to the people. Much of what is going on is either populist politics or the forces of ‘market’ or tradition.

What will be our attitude? What will be our policy? What will prevail: science or prejudice?

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