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Post – COVID- 19 Rethinking For A Synergic Vision Of Health Care

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Abstract

There is a global concern, particularly more in India, about the unprecedented and multidimensional post-COVID-19 challenges; medical, technological, scientific, environmental, socio-economic and political [1]. Although the lockdown measures have a negative impact on economy and normal human life, there is a positive impact on the environment and ecosystems. The impact questions the growth and development path that the western world has chosen and the rest of the world has blindly followed. When Gandhi was asked, "What do you think of the western civilization?", he sardonically replied, "It is a good idea!". It is now the time to rethink about the vision of the world order and the way of life envisaged by Gandhi, Vinoba, Thoreau and Tolstoy. They foresaw the consequences of a blind quest of materialism and exploitative technology. Their ethos on health bespoke of hygiene, lifestyles for positive health and self-restraint, besides vegetarianism and reverence for the ecosystem.

COVID in the world

A Google-search for 'COVID-19 and the impact on the world', fetched about 2,10,00,00,000 results (0.64 s)! Day by day, this number is increasing by geometric progression. Such a global cacophony is aggravated further by facetious claims and counter-claims of the efficacy and safety of drugs and non-drug measures used by diverse systems of medicine. At times, this may lead to desperate and disparate government policies and public health measures. A critical approach is needed, with adequate citations on robust experiential documentation, experimental validation and structure–activity justification for the phytomolecules. But the current higher education in biomedicine does not usually allow such a synoptic vision.

Notwithstanding its impressive advances in acute emergency-care, there is a global disillusionment with modern medicine. However, self-declared short-comings and failures of an open system need not lure other systems of medicine to declare nonchalantly their measures of prevention and cure. A mere extrapolation of the general usage and broad properties of enhancing immunity to cure COVID-19 is unjustified and appropriate basic and clinical studies can certainly be initiated. Some hard-core scientists and allopaths are unwilling to even consider this. Contrarian stands would further alienate the system-chauvinists and obstruct the initiatives of trans-system research for health challenges.

According - IHC

Integrative health care (IHC) has become a buzzword. Many universities, medical colleges and national institutes rushed into establishment of complementary and integrative health centres. In countries where the oriental medicine was not recognized, the term 'Alternative' was used to the chagrin of the practitioners of the millennia-old systems of medicine. In India, with a pluralist health care system, the very word 'integration' also raised age-old animosities and led to exchange of invective verbiage

between *vaidyas* and allopaths. This sharp division has led often to a failure of even social communication between the diverse sets of healers. The original vision of IHC by some of the great leaders of Ayurveda and modern medicine was subverted over the last several decades. Collaboration in patient care by a multisystem/multi-professional health care team can evolve into integrative care, if and only if there is a basic understanding, acceptance of the diversity, mutual trust, and civility in communication. Challenges and failures have been reported with IHC from China and other countries, despite sincere efforts in the interest of individualized patient care. How do we resolve the dilemma?

A synergic vision of health care has to begin with education in personal health and hygiene at the school level. From the kinder garden up to high school, the New Education Policy has to evolve incrementally. The proposed syllabus of courses in Ayurvidya, comprised of the basics of cell biology, human anatomy, physiology, *prakriti, tridosha, swasthavritta, yoga, pathya ahar,* and mental hygiene. Knowledge of common diseases and basic management has to be imparted. There would also be hands-on experimental and experiential training in other science courses. Gradually increasing levels of complexity of these subjects throughout the schooling can equip the students with right attitudes, sociability and knowledge for collaborative health care. After a high school degree, the students can directly join a three-year programme of a basic integrative degree in medicine. The development of an integrative curriculum, inclusive of subjects which are essential for a family physician and contributing to public health, is going to be a major challenge. After the basic medical degree programme, students can select advanced speciality postgraduate integrated programmes of three years. For the super-speciality degrees, additional two-year programmes can be planned. Such a revolutionary change in the medical pedagogy will lead to a better understanding of wellness/positive health and a reverence for the unity in diversity of pluralist health care. India may then emerge as the first nation for creating a robust foundation for a Universal Medicine, with integrative ethos. Many experts have strongly advocated integrative potential of Ayurveda with modern medicine so that it would lead to one nation one healthcare system.

The benefits of such a transformative medical pedagogy, however, will emerge only after several years. Meanwhile, we need to enhance the synergic vision for health care by innovative strategies and measures. There should be high-powered committees of trans-system experts who would deliberate on the currently available experiential, experimental and exploratory data from Ayurvedic practice and therapeutic/nutritional research for selected diseases, which pose as major challenges in public health. There should be an apex body for Collaborative Health Care that will identify and prioritize the diseases and nominate trans-system experts to the specific disease domain. The mandates of the committees and deliverables, with time deadlines, will be well-defined, with periodic performance reviews. The resources can be provided by the Government of India and philanthropic foundations.

Examples

There is also an urgent need to implement, right away, certain modalities of Yoga and Ayurvedic drugs/plants/procedures in modern and Ayurvedic clinical practices. The examples are as follows: (1) *Mucuna pruriens* in Parkinson's disease, (2) *Yogaraj Guggul* in rheumatoid arthritis, (3) *Cissus quadrangularis* in fracture healing, (4) *Withania somnifera* in anxiety neurosis, (5) *Tinospora cordifolia* as an adjunct to cancer chemotherapy, (6) *Vamana* & *pranayama* in asthma, (7) *Picrorhiza kurroa* in viral hepatitis A, (8) *Dalbergia*

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sissoo in osteoporosis, (9) Salt-free diet in peptic ulcer (10) *Terminalia arjuna* to enhance left ventricular ejection, (11) *Curcuma longa* in oral submucous fibrosis (12) *Anutaila* for migraine, (13) *Sudarshan ghanavati* in common cold, and (14) *Saraca asoka* in ovulatory dysfunctional menorrhagia. This is, by no imagination, a complete list. There can be a large survey to assess the utilization of Ayurvedic drugs by *vaidyas* and allopaths. This would provide a guide to focus on the most widely and safely used Ayurvedic drugs and procedures, by the proposed apex body.

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