Traditional Indian Medicine: heritage, health security, ontology

In 2012 the International Institute for Asian Studies (IIAS) offered institutional and logistic support to build, strengthen and consolidate a research network on the contemporary relevance of Indian Medical Heritage (InMerit_RN). This network offers a virtual space for collating research findings and other information about India's medical heritage, covering diverse perspectives, interests and backgrounds (www.iias.nl/research/indian-medical-heritage-research-network).

Besides offering a platform to researchers, InMerit_RN also wants to inform the larger public about the outcomes of social-cultural and historical research on Indian medicine. The network especially wishes to link initiatives and people who work on the contemporary relevance of these traditions both in India and in Europe. Of special interest is the integration of Indian medicine in India's public health system and its role as a second resort for middle class Indians and Europeans: the 'CAMinisation' of Indian medicine. Since the 1980s āyurveda in particular, the largest and best known among India's medical traditions, has been exported to the West and taken its place as a form of 'complementary and alternative medicine' (CAM). This makes Indian medicine, in addition to being a local and national phenomenon for which there is a department in the Indian Ministry of Health, a global affair.

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Instead of focussing on medical pluralism—India’s diverse range of medical systems and the many combinations in which patients seek them and heal them—with its connotation of equality and democratic access it makes more sense to speak of one Indian health culture. Though it is common to contrast (western) biomedical with Indian medicine, a more fruitful dichotomy for analysing the contemporary state of Indian medicine is the differentiation between government-sanctioned medicines (the pan-Indian AYUSH systems) on the one hand, and the many forms of folk medicine, or Traditional Systems of Medicine (TSM), which are locally situated, on the other.

Indian medical traditions are certainly not static. They are constantly evolving, changing, and in process. The state, the market, and modern medicalisation of the Indian medical tradition are also influential. The AYUSH degree holders—probably no more than ten mainly substitute for biomedical physicians. A small majority of AYUSH doctors work in public health facilities such as Primary Health Centres and District Hospitals, where they mainly substitute for biomedical physicians. A small majority of the AYUSH degree holders—probably no more than ten percent—practice a form of Indian medicine that is relatively in tune with traditional notions, concepts, aetiologies and practices.

Apart from these 1.4 million medical practitioners with a government-sanctioned degree, there are around two million health practitioners who belong to what can be called the ‘folk stream of Indian medicine’. They are not officially recognised by the government and work outside the marketplace. Some have mainly a somatic (physical) focus while others treat mental or emotional problems within a religious context. There are general herbal healers who minister to a range of common ailments and chronic conditions, as well as specialists belonging to families who have been treating ailments of the eyes, skin, and ear as well as muscular and nervous disorders for generations. Others attend to spiritual and emotional ailments and other cases of poisoning, or manage broken bones and deformities of the legs, ankles and feet (Fig. 1) A number of them limit their activities to providing healthcare in the form of herbs, special foods and religious advice to family members and neighbours, while others run a family clinic, treat hundreds of patients every day attracting people from far away. Some are illiterate, while others belong to scholarly families of physicians. Our knowledge about these folk practitioners is growing but based upon scant formal research. A recent work claims that there is one folk practitioner for every 700 Indians, compared to one biomedical or AYUSH physician for every 1500 people.

To put all this into perspective we need to know that a large section of the Indian population has no access to good quality professional medical care. This is probably true for the 40% of the Indian population living below or on the poverty line. According to the WHO, 50% of the Indian population has no access to any healthcare, and many of the reasons are under investment in medicine and health. The Indian government only spends 1.5% of its BNP on health, of which a meagre 3% is allocated to the AYUSH systems. Public health facilities frequently go without basic necessities such as life saving drugs. Doctors, especially in rural areas, are often not at their posts, and patients who are poor and of a disadvantaged caste and class are routinely not taken seriously and are regularly exploited by physicians who do not listen but who just sell them unnecessary drugs and medical tests.

Recently there has been an upsurge in efforts to integrate Indian medicine into public healthcare, which is good for 25% of healthcare delivery in India. Though these efforts mainly concern AYUSH doctors, and folk practitioners are largely excluded, there are attempts to give these practitioners of Local Health Traditions (LhT) a place in public health as well (see Focus articles by Priya and Shankar). Undeniably the largest group among these folk practitioners are dais [traditional birth attendants] who, apart from managing deliveries, also treat newborns and their mothers (see Focus article by Sadgopal). AYUSH graduates look at these developments with great support. They probably want to defend their professional status and perhaps their purses too.

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According to her, ontologies (…) are informed by our bodies, the organization of the healthcare systems, the rhythms and pain of our diseases, the shape of our technologies all of these at all once all intertwined all in tension**

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