



**MEDICAL PLURALISM: GLOBAL AND INDIAN SCENARIO**

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**ABSTRACT**

Medical pluralism describes the availability of different medical approaches, treatments, and institutions that people can use while pursuing healthcare. If we look closely at how people deal with illness, navigating between home remedies, evidence-based medicines, religious healing, and other alternatives, we can notice that some degree of medical pluralism is present in every contemporary society. The political-economic factors play an important role in shaping the hierarchies of medical practice. Transnational migration, the internet, the rise of alternative medical industries, and the global flow of medical goods and knowledge serve as catalysts for ever-more pluralistic health-seeking practices and ideologies. Medical pluralism is widely practiced in India, which has a rich heritage of traditional medicine that includes and promotes the AYUSH medicinal system with modern medicine. WHO's traditional medicine strategy recommends the integration of traditional and complementary medicine (T&CM) into national health systems. There is still the need and scope for research and development regarding medical pluralism to strengthen and tackle health issues like pandemics.

**KEYWORDS:** Traditional medicine, medical pluralism, alternative medicine, complementary medicine.

**INTRODUCTION**

Oxford English Dictionary defined Pluralism as “a theory or system that recognizes more than one ultimate principle”. The concept of medical pluralism was introduced by Charles Leslie in the early 1970s, in his study of Asian healthcare systems referring to a pattern of co-existence and competition among multiple healthcare systems in a specific region.<sup>[1]</sup> Leslie underlines the central significance of patient satisfaction or dissatisfaction with the medical care they receive as an important driving force for the development of pluralistic structures in healthcare.<sup>[2]</sup> The WHO's traditional medicine strategy recommends the integration of traditional and complementary medicine (T&CM) into national health systems.<sup>[3]</sup> Medical Pluralism refers to the implementation of more than one medical system, you can say that the use of conventional, complementary, and alternative medicine (CAM) for health and treat illness.<sup>[4]</sup> The term pluralism is being used here in its first sense i.e., to refer to the co-existence and syncretism between multiple therapies. Medical pluralism was first introduced when the people resorted to various options for healthcare apart from the government healthcare system which was based on biomedicine.<sup>[5]</sup> Pluralism in the context of medicine is multi-dimensional.

Medical pluralism uses different medicinal terms such as traditional, indigenous, folk, local, or alternative medicine, but since they all imply distinction from biomedicine, this entry will refer to them as ‘non-biomedical’ practices.

Medical pluralism exists in many developing and developed countries including India due to the limitations of the dominant allopathy-based health system i.e., inadequate mainstream health infrastructure, lack of access, quality of care, and cost of health care.<sup>[6]</sup> In this context, the wide presence of traditional medical systems has also been viewed. Another related view is that pluralism is a product of multiple notions of efficacy, cure, and care among the population emerging from their cultural ignorance.

The need for psychosocial and spiritual dimensions of healthcare is not served by allopathy and hence other systems which have potential, cost-effectiveness, and faith are also being practiced in different parts of the world.

With globalization, wide acceptance of biomedicine and the pluralization of health knowledge in the world gained significant pace through the reappearance of complementary and alternative medicines (CAM). The

global dominance of biomedicine is far-reaching and underscored by evidence of efficacy, claims to objectivity, and science, and is shaped by epistemological and ontological premises.<sup>[7]</sup>

### EMERGENCE OF MEDICAL PLURALISM IN DIFFERENT COUNTRIES OF THE WORLD

World Health Organization (WHO) promoted the integration of traditional therapies as a means of accessing gaps in service provision.<sup>[8]</sup> 'Filling the gap' is a common problem in countries with large rural populations where biomedical services and institutions are limited. Here a standardized regulated alternative medicine is presented as a necessary means to achieve a common goal. In the case of India, more critically, the recognition of alternative medicine can also be seen as the government's failure to provide accessible and affordable biomedical care, pushing people to rely on the services of a large, unregulated, unqualified medical cadre of practitioners.<sup>[6]</sup>

In the context of today's globalization, medical pluralism retains its analytical importance, especially in the examination of people's search for alternative cures locally and transnationally, the growing consumer market of 'holistic', 'traditional', and 'natural' treatments, and the attempts of many countries to incorporate alternative treatments into national health care. Medical pluralism as a concept enables analyses of medicine beyond the dualism of Western/non-Western, modern/traditional, or local/global, by showing how all medical knowledge and practice, be that biomedicine or some regional tradition.

In South and Central Asia, the Unani medicinal system is practiced, which is a Greco-Arabic tradition. It has an elaborate understanding of the body and bodily processes as affected by four humor or elements (i.e., blood, phlegm, black bile, yellow bile) which need to be maintained in a certain balance to avoid sickness. If a person falls sick, a trained Unani specialist can employ a variety of techniques to identify the type of abnormality in the balance of humor and prescribe a treatment to restore a healthy humoral state.

In the Post-Soviet era in Cuba, the government partially incorporated traditional herbal medicine into the healthcare system as a strategy to disguise massive shortages in biomedical pharmaceuticals after the decline in supply from countries of the socialist block.

In Bolivia located in western central south America, three medical traditions are cosmopolitan medicine, indigenous Aymara medicine, and home remedies.<sup>[9]</sup>

About migrants who travel around the world in the search of treatments, health tourism, or wellness tourism associated with traditional and alternative medicine.<sup>[10]</sup> Medical Pluralism also includes health-seeking tourists who may travel to India in pursuit of 'authentic'

Ayurvedic therapy, Yoga, or spiritual healing in addition to modern medicine. Migrants carry different medical ideologies and attitudes that might raise concerns in the sphere of public health, health policy, and public discourses. Some of these studies examine how minority groups seek satisfactory treatment in biomedicine-dominated contexts. In 2013, Tracy Andrews and team examined how adult Hispanic migrants in the United State make therapeutic decisions for their children in a pluralistic healthcare setting that includes both biomedical providers and famous Mexican healers in the vicinity. Many studies emphasize that migrant's resort to alternative practitioners, particularly from their community, because of language difficulties, cultural preferences, a search for a specific herbal or spiritual treatment, or fear of being looked down on by biomedical practitioners.<sup>[11-13]</sup> These challenges can motivate migrants to postpone immediate care and instead make trips to their countries of origin to receive medical treatment. Therefore, medical anthropologists often point out the importance of providing non-discriminatory medical services to migrants, especially to those who may not share a biomedical model of health and disease, and advocate for health policies of 'integrative' and 'culturally-sensitive' health care.

### EMERGENCE OF MEDICAL PLURALISM IN INDIA

In India, the traditional form of the medicinal system is being practiced for centuries. India has the unique distinction of having six recognized systems of medicine in this category. They are **Ayurveda, Siddha, Unani, Yoga, Naturopathy, and Homoeopathy**. Traditional systems of medicine play important role in providing health care to a large section of the population, especially in developing countries like India. The utilization of herbal products produced based on them is increasing in developed countries also. Indian Systems of Medicine are among the well-known global traditional systems of medicine. Certain forms of medicine that are practiced in India are:

**Allopathy:** Allopathy, in India refers to the cosmopolitan, or "Western" system of medicine. It is also referred to as the "modern" system of medicine. Practitioners of this system are called doctors.<sup>[14]</sup>

**Ayurveda:** Ayurveda, literally "the knowledge of life", refers to the vast body of ancient Hindu medicinal systems concerned with health, disease, and longevity. The traditional practitioners of this system are usually called vaidyas or vaid. Within the profession, there is a controversy between those who wish to strictly follow the ancient tradition (Shuddha) and those who find the integration of ancient with modern medicine necessary.<sup>[14]</sup>

**Unani:** Unani (Ionian) tradition of medicine came to India through Islam and its traditional practitioners are usually referred to as hakims.<sup>[14]</sup>

**Homeopathy:** Homeopathy as a system of healing was developed by Samuel Hahnemann, a German physician, toward the end of the eighteenth century. It is grounded on the “law” of similars, “*similia similibus curantur*”, i.e., let likes be cured by likes.<sup>[14]</sup>

**Siddha:** Siddha is Traditional medicine, which is prevalent mostly in Tamil Nadu. Siddha - “perfected” or “holy immortals”—who were, and are still, believed to have superhuman powers. The Central Government’s Siddha Research Unit located in Chennai has been engaged in clinical trials of some Siddha drugs that have traditional claims for curing certain diseases such as peptic ulcer, amoebic dysentery, and hepatitis.<sup>[15]</sup>

**Yoga:** yoga is defined as the use of yoga practices for the prevention and treatment of medical conditions. yoga involves appropriate breathing methods, mindfulness, and meditation in addition to the physical components of yoga, which are significant and helpful for building physical strength. Numerous studies have demonstrated that yoga has positive effects on the body including regulating blood sugar levels, improving musculoskeletal problems, and maintaining a healthy cardiovascular system. It also has been shown to have important psychological benefits, as the practice of yoga can help to increase mental energy and positive feelings, and decrease negative feelings of aggressiveness, depression, and anxiety.<sup>[16]</sup>

India’s first National health policy in 1983 formally recognized that the Indian Systems of Medicine (ISM) could contribute to public health care and recommended efforts to integrate ISM into healthcare delivery systems.<sup>[17,18]</sup> The term Indian System of Medicine (ISM) included Ayurveda, Yoga, Unani, Siddha, Homeopathy, and Naturopathy (AYUSH), all forms of ancient medical systems practiced in India.<sup>[19]</sup> Recently, however, India’s non-biomedical traditions have received renewed attention in governmental policy initiatives to upgrade public sector health care provision.

The work done by AYUSH practitioners is generally undermined and the whole department is looked upon as secondary to Allopathy. The therapeutic potential of AYUSH systems of medicine cannot be ignored.

#### **PROGRAMS LAUNCHED IN INDIA TO ENCOURAGE MEDICAL PLURALISM**

A National Rural Health Mission (NRHM) program was launched in 2005. Its stated aim is to ‘revitalize local health traditions and mainstream AYUSH into the public health system’.<sup>[20]</sup> This was implemented by the Ministry of Health and Family Welfare and discussions on national initiatives now include an explicitly pluralistic model of public health care provision. Most commonly medical pluralism entails the use of Western medicine (or ‘biomedicine’) and what is variously termed as ‘traditional medicine’ and ‘alternative medicine’.

The National Health Policy (NHP) of 2017 has highlighted the recommendation to mainstream the AYUSH, considering its potential of it in the pluralistic integrative system of healthcare and incorporating it into the National Health Mission.<sup>[21]</sup>

**Rashtriya Bal Swasthya Karyakram (RBSK)<sup>22</sup>** - Under NRHM, in 2015 the Ministry of Health and Family Welfare started, Rashtriya Bal Swasthya Karyakram for early identification and intervention to children from birth to 18 years. It will cover the 4 D’s which are Defects at birth, Deficiency disease, Developmental Delays, and Disability. District Early Intervention Centres (DEIC) will manage children in the 0-6 years age group and 6-18 years age group children will be managed by existing public health facilities along with AYUSH medicinal system.

Medical pluralism in India thus appears as a process to which both the Western and Indian traditions of medicine have contributed. This mutual interaction probably resulted in increasing the degree of professionalization, systemic articulation, and even politicization of the Indian medical system.

#### **INTEGRATION OF MODERN MEDICINE WITH TRADITIONAL MEDICINE**

People’s beliefs and debates about the therapeutic authenticity, efficacy, and legitimacy of a medical tradition can explain a lot about a society in a local and global context. In many parts of the world especially in postcolonial countries struggling with the cultural and political legacies of colonialism- Doctors and patients attempt to reconfigure traditional medicine through the notions of modernity, science, and technological progress. Medical practitioners often employ ideologies of both modernity and tradition, in response to demands and expectations from patients, and government policies.

In the notion of science, Vincanne Adams has documented how Tibetan medicine practitioners in China have to use the language of science to confirm the science-oriented ideologies of the communist state while maintaining that Tibetan medicine is efficacious and scientific in its ‘own’ way (i.e., not measurable by biomedical standards). Thereby, they satisfy the aspirations of the local population for culturally appropriate therapy and the demands of the international market for a ‘unique’ Tibetan medicine.<sup>[23]</sup>

#### **MERITS OF MEDICAL PLURALISM**

There are many advantages to having more than one medical system such as being able to heal more efficiently, being able to heal from one medical system when the other fails, and healing by still embracing and respecting your background and culture.

- Medical pluralism provides different perspectives and advantages on illness and provides better treatment for a patient’s benefit of healing.

- Low-income and rural populations benefited from medical pluralism.
- Aside from contributing to a peaceful society, medical pluralism enhances unity.
- People can come together and work towards a common goal despite all their cultural, ethnic, or religious differences.
- Traditional medical procedures can be quick and easy, and their integration with modern medicinal treatment can be beneficial.

#### USE OF MEDICAL PLURALISM IN DIFFERENT DISEASES

- Cancer patients might complement chemotherapy with acupuncture and religious healing.
- Women who want to get pregnant might combine hormonal treatment with home remedies and Yoga.
- Infertility treatments or decreasing the risk of chronic diseases such as cardiovascular disease are treated through acupuncture.
- In southern Ecuador, an initiative has tried to improve maternal health outcomes by addressing acceptability rather than the accessibility of services. These initiatives include providing equipment in rural health clinics that enable women to choose to give birth while standing (vertical birth) permitting a family member to accompany the pregnant mother in the delivery room and integrating traditional birth attendants (TBAs) into community-level health systems.<sup>[24,25]</sup> This law was designed to reduce maternal and infant mortality rates and improve women and children's access to quality health care, thereby reinforcing society's participation in the decision-making processes and control over the quality of services in the country.

#### DEMERITS OF MEDICAL PLURALISM

- Medical Pluralism ignores the reality that some medicinal systems are dominant over others. The dominant medicinal system is too strong and exercises some powers and control over the interests of the small group.
- Lack of coordination among various cultural groups and difficult implementation process leads to inefficiency and makes the system ineffective. Political bias contributes to the inefficiency of the program.
- The question of prestige may play a more important role.
- Prestige is earned with specialization or merit, and the chances to gain prestige are higher for radiologists, orthodontists, and ortho surgeons in comparison to Narrative-based medicine (Ayush medicine) less prestigious.
- The problem of efficacy has been important in the study of medical pluralism since its conception<sup>26</sup>, but still a lack of a consensus about what 'efficacy' means and how it should be analyzed. If we take efficacy to be a statistically measurable capacity of a

drug to produce the desired relief. Then medical pluralism tends to avoid making claims about whether or not alternative treatments are efficacious.

#### ALTERNATIVE MEDICINE DISADVANTAGES

- Minimal scientific research.
- When it comes to scientific proof then its evidence is still limited.
- Longer-term treatment.
- Not useful in emergency cases.
- No Regulation.
- Much alternative medicine is not approved by the U.S. Food and Drug Administration and other developed countries.<sup>[27]</sup>
- Medical insurance does not cover the treatments done through alternative medicines.

#### WORLD PANDEMICS AND THE NEED FOR A PLURALISTIC HEALTH SYSTEM

The world has seen even the strongest and the best health structures crumbling down on their knees in the last two years. At the same time, we saw that the pluralistic form of medicine gained a new and unique contextual importance. People did look at alternative medicines. A larger explanation for this shift in public opinion can be credited to the massive promotion done by the Ministry of AYUSH. People tried traditional forms of medicine such as Ayurveda, Unani, and Siddha and later claimed that they were effective in managing the symptoms.

#### DISCUSSION

Medical pluralism does not only have an instrumental but also an intrinsic value. There are many reasons why we need to have more growing and engaging discussions around the idea of pluralistic approaches toward medicine.

They are:

- Revisiting the role of traditional medicine in national public health goals.
- Preventing the threat of commercial exploitation of indigenous knowledge.
- Changing disease burden and searching for therapies for care and addressing the shortages of human resources in rural areas.

Some controversies in medical pluralism such that the strong and exclusive opposition between biomedicine and CAM becomes visible, however, the two domains often have contradictory opinions related to the treatment therapy. Certain challenges that are faced in practicing medical pluralism are:

- Regular healthcare professionals are the major source of resistance to the rational utilization of "alternative therapies" for planning in both developed and developing countries.
- The irrational use of modern medicines by a traditional medical practitioner and unqualified

doctors (i.e., quackery) pose a negative impact on the implementation of medical pluralism.

Future strategies and innovations are required to bridge the gap in demand for public health professionals in the world and India. In India, the plan is to step up further activities to ensure the Mainstreaming of AYUSH by establishing and strengthening AYUSH institutes and colleges, organizing training programs for personnel from the AYUSH sector, formulating standardized guidelines for the treatment of different conditions; encouraging the exchange of experts and officers at an international level, extending monetary support to drug manufacturers and AYUSH institutions for the international propagation of their stream, developing AYUSH information outlets in multiple nations; conducting fellowship courses under different streams of AYUSH in India for students from different countries, promoting community-based research to assess the scope of AYUSH, building links with pharmacists and their associations, and by ensuring customized implementation of strategies that have been successfully employed in other countries<sup>[28,29]</sup>

The role of BM is regularly perceived to take care of acute health conditions and treat “serious” diseases, whereas CAM is mainly understood to be responsible for preventative care, health maintenance, and the patient’s general well-being.

The integrative approach towards BM and CAM emphasizes their co-existence. According to the proponents of integrative medicine, the ideal solution would be to have biomedical and CAM practitioners working together and collaborating actively or have biomedical practitioners who know and can apply CAM therapies to achieve the best treatment results. The aim is to allow the patient to decide on the most suitable therapies. This position sees the great value of medical pluralism, which the individual should take full advantage of it. Therefore, the focus is on the individual/patient level, and often it is emphasized that before biomedical and more invasive treatments, a patient should try “natural” options.

In Medical pluralism, the potential of CAM can be seen in many diseases some of these are

- A patient suffering from Piles or Fistula may undergo well known Ayurvedic treatment called “*Ksharasutra*” instead of going for an invasive procedure.
- Unani medicine has expertise in treating Vitiligo.
- Siddha medicine in the South is very well known for the treatment of Psoriasis.

## CONCLUSION

Latest advancements in technologies have opened up several opportunities and avenues for having a better understanding of various health systems to broaden and enhance the public health landscape of the world and

India. It is now time that we draw attention to bridging the gap between different health systems and placing them on a global and commercial level. We will be better able to plan and put into practice evidence-based policies in the future if we concentrate on developing our grasp of the potential need for medical pluralism in a public health context that deals with knowledge-related issues like pandemics.

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