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INTERVENING AND UPHOLDING UNANI SYSTEM OF MEDICINE IN RURAL HEALTH

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ABSTRACT

Unani or Greeko-Arab medicine, originated in Greece about 2500 years back and is based upon the four humour theory of Hippocrates, it assesses the need of peoples in terms of Temperament, so the aim of it, is to maintain a proper balance between bodily and spiritual function. Much attention has also been provided to body's natural power of self preservation and adjustment in this system of medicine. The USM (Unani system of medicine) deals with various states of health and diseases, providing preventive, curative and rehabilitative healthcare importance, ever since 1976, WHO also had adopted policies to revive and promote traditional medicine or TCAM (Traditional, Complimentary, Alternative system of medicine) including Unani medicines. It is presently practicing in India, Bangladesh, Nepal, China, Iran, Iraq, Africa, Central Asia and Middle Eastern countries. Recently, Ministry of AYUSH, government of India and WHO have signed a holistic project collaboration agreement (PCA) for cooperation on promoting the quality, safety, and effectiveness, of service provision of traditional and complementary medicines. In India the system has been developed and nurtured scientifically and systematically integrated into health care delivery system and has played an important role. The medicines are cheaper, affordable, and easily available to every common person even living in rural areas. These medicines are found to be safe and effective in curing hepatobiliary, genitourinary, gastrointestinal, neuromuscular, skin, respiratory, joint and cardiovascular system diseases etc., Through this paper an effort has been done to show that how unani system of medicines can become a part of rural health, or how can we provide a better option for treatment through common useful Unani drugs and therapies.

KEYWORDS: Traditional medicine, Rural health, WHO, AYUSH, Herbal drug.

INTRODUCTION

In India, Unani was introduced by Arabs and Persians. After the Mongols attacked Central Asia and Persia, the Unani scholars and physicians came to India, to find refuge. Here, they were provided homage by the Delhi Sultans, Khilijis, Tughlaqs and Mughal Emperors, who even employed some of them as state employees and court physicians (Qadeer, 2001). After this, these scholars conducted study on the Indian drugs and further enriched the contents of Unani. Soon, The USM (Unani system of medicine) became popular in the Indian sub-continent and maintained a strong hold even after the end of Mughal Empire. However, Unani did suffer a set back during the British rule, as the government support was withdrawn. Nevertheless, it did not cease to exist as it enjoyed people's support and trust. It was mainly because of the efforts of Sharifi family, Azizi family and the Nizam's of Hyderabad that Unani Medicine survived during the British period (Qadeer, 2001). Traditional medicine is defined as an amalgamation of knowledge, skill, and practices based on theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used for therapeutic, restorative, prevention, diagnosis and maintenance of physical and mental health (Organization., 2000).

A department called Indian System of Medicine and Homoeopathy was created in March 1995 and renamed AYUSH in November 2003 (Samal & Dehury, 2017). Its aim was to give greater attention to the development of these systems of medicine. Ministry of AYUSH, government of India has signed project collaboration agreement PCA (project collaboration agreement) with World Health Organization (WHO) for collaboration activities, including long term collaboration with WHO in the area of TCAM on 13th MAY, 2016 title of the project to promoting the quality, safety and effectiveness of serving provision in traditional and complementary system (TCAM) for the period of 2016-2020. The PCA for the period 2016-2020 will deliver for the first time WHO benchmark document for training in Yoga, and WHO benchmarks for practice in Ayurveda, Unani and

Panchakarma (Anon., 2016). WHO also considered the unani system of medicine as an alternative system to uphold the health of humans. Unani is one of the most ancient and well known traditional systems widely practiced in Arabs and many middle-east countries (Qadeer, 2001). Infact there is an increment has been shown in the use of this alternative form of medicine or unani herbal drugs in many countries, where modern medicines are easily available.

The use of traditional medicines has been increased widely both in developed and developing countries. In developed countries like Australia, Germany, Belgium, Canada, United States of America the complementary and alternative medicines are also becoming more popular, in Asian and African countries, 80 per cent of the population depends on traditional herbal medicines for primary healthcare (Ghani, 2013). In many developed countries, 70 to 80 per cent of the population have used some form of complementary or alternative medicines (TCAM) composed primarily of herbal medicines. In India about 65% of the rural population still adopts traditional medicinal system for the fulfillment of their primary health care needs. (Behera, 2014)

Intervening unani system of medicine in rural health

There are numbers of problems to overcome, in order to provide better health care needs to rural population, as there are numbers of factors that are responsible to maintain or restore health through unani system of medicine.

- To create awareness in people with respect to Unani system of medicine(USM).
- Medicines, though there are 65% of rural population in India adopts the alternative system of medicine but most of people still unaware about the unani system of medicine, they got it confused with ayurvedic system or siddha system of medicine. It is quite popular in Uttar Pradesh, Rajasthan, Bihar, Maharashtra, Chennai, Karnataka, Kolkata, Jammu and Kashmir, Kerala, Madhya Pradesh, Chhattisgarh, Hyderabad (Gaurav , et al., 2010)etc.
- Validation of testable experiences is also a challenge for unani practitioners, validating the manuscripts of ancient Unani practitioners through the application of scientific procedures which has been mentioned by them in their different treatise is yet another problem to overcome, for which a number of research is still undergoing (Anon., n.d.).
- CCRUM also making their efforts to emulate all the literature which is untouched till date because ancient scholars of Unani system of medicine write their treatise in Unani, Arabian, Persian.
- All the classical Unani literature that is available is in scattered form, it is due to the unavailability of precise instruments to gather all that information in a well mannered and systematic way at that time, but efforts have been made nowadays to assemble all the unani literature and making it available with the recent advancements in it, all at a single platform so it will be easy to people to avail this pathy.

Integration of AYUSH and National Health Care Programs and Delivery System

(a) Ministry of AYUSH also opening new AYUSH hospitals in different states funded by central govt, which will also provide good availability of AYUSH facility (Anon., n.d.).
(b) Mudaliar Committee was first to recommend utilizing indigenous doctors for delivering vertical health (Shalini, et al., 2017).
(c) A range of options for utilization of AYUSH manpower in the health care delivery system would be developed by assigning specific goal-oriented role and responsibility to the AYUSH work-force. An AYUSH would be encouraged and supported at the primary health care level. (Priya & S, 2010)
(d) States would be encouraged to reenact or modify laws governing the practice of modern medicine by AYUSH practitioners so that there is clarity of the subject. (Priya & S, 2010)
(e) Referral AYUSH hospitals in the country would be renovated, modernized and upgraded to provide the full range of AYUSH treatment. Identification of the hospitals would be made according to current availability of motivated staff, OPD & IPD attendance and locational advantages.
(f) At the PHC and district hospital level, Central Government would encourage the setting up of specialty centers and AYUSH clinics & funds would be provided centrally for drugs listed in the Essential Drug Lists for Ayurveda, Unani and Homeopathy Medicine on a declining scale for 5 years to increase choice and consumer awareness about the benefits of AYUSH.
(g) Central government would assist speciality hospitals of allopathy who wish to establish Panchakarma and Ksharshutra facilities for the treatment of neurological disorders, musculo-skeletal problems as well as ambulatory treatment of fistula in ano, bronchial asthma and dermatological problems.
(h) Private allopathic hospitals would be encouraged to set up specialist treatment centers of AYUSH and the hiring charges of Vaidya's/Hakims/Homoeopaths reimbursed to such hospitals entering into research collaboration protocols.
(i) States would be encouraged to consolidate the AYUSH infrastructure and raise the salary and social/professional status of AYUSH practitioners to encourage inflow of talent and an enhanced work-culture. The aim would be to provide parity with the Central Government pattern which has established equivalence/relativities with the allopathic profession (Anon., 2008)
(j) National Rural Health Mission (NRHM), renamed as National Health Mission (NHM) after the addition of Urban Health Mission within its ambit. Before the introduction of the NRHM, most of the

indigenous systems, including their workforces, therapeutics and principles, were limited to their own field, with a few exceptions in some states, as health is a state subjects in India (Samal & Dehury, 2017).

As on 31/03/2012 AYUSH facilities were ro-located in 468 District Hospitals, 2483 Community Health Centers and 8520 Primary Health Centers in the country. Several therapeutics are currently in use and few drugs have been included in the ASHA drug kit to treat common ailments in the community (Samal, 2015). At the same time Government of India has recognized few principles and therapeutics of Ayurveda as modalities of intervention to some of the community health problems. Financing AYUSH shares only 2-4% of the National Health Budget. This should be raised to 10% of the total health plan at the Central level and further growth should be designed to climb at the rate of 5% in every FYP (five year plan) (Saxena, 2009). For the first five years of the New Policy, Central Government will directly provide or earmark budgets for consolidation of infrastructure, purchase of drugs and support for opening specialty clinics and AYUSH services. Subsequent national health policies such as National Health Policy (1983), National Education Policy in Health Sciences in 1989 and National Health Policy (2002) have also pointed out the potential of AYUSH in improving healthcare access, particularly in the absence of modern healthcare in rural India (Shalini, et al., 2017).

Developments of Special Areas

(a) North Eastern States, rich in flora and fauna, are lacking in infrastructure and knowledge about AYUSH as it prevails in other parts of India. Utilization of medicinal plants, identification of tribal medical practices, setting up of dispensaries and need based teaching institutions for AYUSH would be encouraged.

(b) Some of the States like Uttaranchal, Chattisgarh and Jharkhand have a wealth of medicinal plants but are lacking in requisite infrastructure and capacity to formulate projects. Central Government will assist these States on priority to avail of the benefits of Medicinal Plant Sector Schemes. (Anon., 2002)

Inter-Sectoral Co-operation

(a) Linkages would be established with Departments of Culture, Tourism, Labour (ESI), Railways, Posts, Confederation of Indian Industry (CII), Association of Chamber of Commerce & Industry (ASSOCHAM), Federation of Indian Chamber of Commerce & Industry (FICCI), Women & Child Development, Rural Development, Tribal Affairs to promote and propagate the use of ISM&H through the establishment of clinics or by allowing reimbursement of treatment charges.

(b) Schemes for growing medicinal plants for production and sale of plant-based products including herbal tea through women's groups and tribal agencies would be encouraged.

(c) The possibility of introducing knowledge relating to the properties of medicinal plants and preparation of simple home remedies from USM (Unani system of Medicine) in the school curriculum, would be explored and taken forward.

(d) Importance of *ilaj-bil-ghiza*, some exercises of which advised by Unani scholars would be encouraged in schools, colleges and offices.

CONCLUSION

Unani medicine is famous for its holistic approach to care. The primary aim of this review paper is to highlight and promote the role of Unani system of medicines in rural health and mainstreaming the AYUSH System may help to integrate its services to the national health care delivery system of the country, however, it also highlights the barriers that are causing hinderance in the promotion of AYUSH , as for the integration of AYUSH firstly its necessary to overcome from all those barriers which are hindering its progress in National health care delivery system.

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