

Pluralism in Oral Health Care: The Indian Scenario

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Abstract: *The medically diverse character of India's health care landscape has long been a focus for social scientists seeking to characterise particular aspects of its extensive 'medical pluralism'. Current health policy initiatives in India advocate medical pluralism and seek to address a lack of skilled human resources for health care provision.*

Keywords: traditional medicine, alternative medicine, herbal products, phytomedicine

1. Introduction

The term medical pluralism became popular in the 1970's as a result of demand from the public for alternative medicines, indigenous to their culture. Medical pluralism can be defined as the employment of more than one medical system or the use of both conventional and complementary and alternative medicine (CAM) for health and illness.

Traditional medicine: Refers to a medical tradition often devoid of systematic and scientifically verifiable evidence, which people use in treatment and prevention of diseases derived from historical and cultural traditions.

Complementary medicine (CM): The terms "complementary medicine" or "alternative medicine" refer to a broad set of healthcare practices that are not part of the conventional medicine and are not fully integrated into the dominant health-care system. This term is used interchangeably with traditional medicine in some countries.

The existence of multiple healing systems and options within a society i.e. pluralism, has always existed in health care systems; there have always been multiple practitioners to choose from and multiple ways of understanding health and healing.

The generic concept of an ideal medical system follows the organisation of the western/modern system of medicine which has a bureaucratically ordered set of schools, hospitals, clinics, professional associations. In addition there are companies and regulatory agencies that train practitioners and maintain facilities to conduct biomedical research, to prevent or cure illness and to care for or rehabilitate the chronically ill. From this perspective other forms of health care are outside the medical system and they are usually ignored.

In the west, orthodox medicine or biomedicine has been in a dominant position for over a century, but before the early 19th century it was a shifting collection of coexisting options..

Medical associations of practitioners of modern medicine were founded in an attempt to protect orthodox medicine from "other" alternative therapies, combating any deviance with their statutes.

Modern medicine has improved care by applying scientific research and new forms of professional organization to biomedical problems. Since the last quarter of the 19th century this has led to effective knowledge for controlling

and curing infectious diseases and to the complex technology that characterizes the modern hospital. Modern medicine in its organization has become progressively larger and technically more sophisticated. The idea of considering "Irregular medicine" in a more objective sociological manner has led to the decline of many traditional medicinal practices.

A conception of all medical systems to be pluralistic structures in which modern medicine is one component in competitive and complimentary relationships to numerous "alternative therapies" enables serious practical studies on how these therapies and their practitioners provide resources for health care planning.

People's Republic of China to believe claims of a system that was described as a perfect bureaucracy that worked without conflict or ambiguity from the level of the barefoot doctor in the rural commune on up to that of the surgeon in a large urban hospital. The description neglected the ambivalence of negotiations between practitioners, families and patients who often have different ideas about how to cope with health problems, it assumed that laymen readily comply with the recommendations of practitioners, and it ignored the spirit mediums, diviners, priests and other specialists who probably still perform many health care functions in Chinese culture, although they are excluded from the state system.

An ethnographic study of medical practices in various communities has shown that "alternative therapies" and their practitioners were related to the state sanctioned medical system in the People's Republic.

To have learned how that system really worked the pluralistic structure of local practices would have had to be studied in an objective manner. Since the successes claimed for the People's Republic of China were attributed to a system that integrated traditional medicine, planners began to ask how other countries could utilize such medical resources. However, the perspectives of traditional practitioners may be slighted by the way the question is asked and answered. A common proposal, for example, is to conduct modern scientific research on indigenous medicines. Chemists and biologists perform this kind of work isolating the medications from the context in which practitioners understand and use them. A recent study in South India describes a physician with an MBBS degree who had adapted his practice to the conventions of the rural area where he grew up. He treated numerous patients by proxy and since he was expected to give injections, he frequently used distilled water. By the standards of his college training

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he disparagingly described the clinics of rural physicians as “quackery”. Another study refers to “the myth of scientific medicine” to describe the exigencies of cosmopolitan medical practice in urban as well as rural India, and particularly in primary health centers where a physician must deal with hundreds of patients every day. When considering the issue of quackery raised by health professionals it is useful to distinguish between disease as a biological reality and illness as an experience and social role

People have diseases without being ill or assuming sick roles and they experience illness and take sick roles when they do not have diseases. Although the biological and social realities are interdependent they are not isomorphic, and their relationship is culturally constructed. Scientific medicine is composed of rules, categories and metaphors that are particularly effective for discovering and treating diseases, but even if unlimited funds were available to create the best system of scientific medicine planners could design, laymen would probably continue to resort to “alternative therapies” because a central clinical fact of the way medical systems work is that they are social systems that give meaning and form to the experience of illness. The structural reasons laymen have such high regard for cosmopolitan medicine are that its practitioners: (1) have the superior status of people with formal educations; (2) their claims to authority are sanctioned by law and government officials; (4) their surgery and chemotherapy have impressive ‘demonstration effects’; (5) their buildings and medical instruments are impressive.

Yet laymen also consult practitioners of the “alternative therapies”. They are often socially and physically more accessible to them; they understand and deal with the patient’s and family’s experience of illness in a comprehensible manner: their therapeutic interventions also have “demonstration effects”; in India there are government colleges, hospitals, research institutes, pharmacies and clinics for the traditional medical systems, along with similar institutions in the private sector. Other countries do not approximate this degree of professionalization, but in many Asian, African and Latin American countries associations of traditional practitioners exist; training and practice are organized in clinics and cult centers; and companies manufacture and advertise indigenous medicines.

The Indian Scenario

Since Independence, a small proportion of India’s health budget has been devoted to the support of ‘Indian Systems of Medicine’ (Ayurveda, Unani and Siddha) and advocates of these systems have long complained of a governmental policy of persistent neglect. Recently, however, India’s nonbiomedical traditions have received renewed attention in governmental policy initiatives to upgrade public sector health care provision. The Ministry of AYUSH was formed on 9th November 2014 to ensure the optimal development and propagation of AYUSH systems of health care. Earlier it was known as the Department of Indian System of Medicine and Homeopathy (ISM&H) which was created in March 1995 and renamed as Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (AYUSH) in November 2003, with focused attention for development of

Education and Research in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy.

This was with a view to provide focused attention for the development of Education and Research in Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy. Its objectives were to upgrade the educational standards of Indian Systems of Medicines and Homoeopathy colleges in the country, to strengthen existing research institutions and to ensure a time-bound research programme on identified diseases for which these systems have an effective treatment, to draw up schemes for promotion, cultivation and regeneration of medicinal plants used in these systems, to evolve Pharmacopoeial standards for Indian Systems of Medicine and Homoeopathy drugs.

TRADITIONAL MEDICINE IN INDIA: The National Health Policy, 1983, refers to our rich, centuries - old heritage of medical and health sciences. The Policy emphasized the need for a meaningful phased integration of Indian Systems of Medicines with the modern medicines. The Central Council for Health and Family Welfare in 1999 recommended, that at least one physician from the Indian Systems of Medicine & Homoeopathy (ISM & H) should be available in every primary health care centre and that vacancies caused by non-availability of allopathic personnel should be filled by ISM & H physicians. The Council also resolved that specialist ISM & H treatment centres should be introduced in rural hospitals and a wing should be created in existing state and district level government hospitals to extend the benefits of these systems to the public. It also resolved that expenses on treatment taken in ISM hospitals should be recognized for reimbursement for Central Government employees. The Council also resolved that specialist ISM & H treatment centres should be introduced in rural hospitals and a wing should be created in existing state and district level government hospitals to extend the benefits of these systems to the public. It also resolved that expenses on treatment taken in ISM hospitals should be recognized for reimbursement for Central Government employees

The Government of India and the World Health Organization (WHO) have signed an historic Project Collaboration Agreement (PCA) for cooperation on promoting the quality, safety and effectiveness of service provision in traditional and complementary medicine. The PCA was signed by Secretary, Ministry of AYUSH and Assistant Director General, Health Systems and Innovations, WHO, in Geneva on 13th May, 2016. It aims to support WHO in the development and implementation of the ‘WHO Traditional and Complementary Medicine Strategy: 2014-2023’ and will contribute to the global promotion of traditional Indian Systems of Medicine.

The Central Council of Indian Medicine (CCIM), India’s principal regulatory body for Ayurveda education, recently released a notification that allows postgraduate Ayurveda practitioners to perform 58 types of surgeries. The notification amends the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations 2016. And according to the amendment, “during the period of study, postgraduate scholars of Shalya and Shalakyā shall be

practically trained to acquaint with as well as to independently perform the [said] activities so that after completion of his PG degree, he is able to perform [said] procedures independently”.

Oral health Perspective

For example the Dom dentists of Lebanon, whose training was based on learned practice rather than formal education. The ethnography of dental pluralism calls for an expansion of understanding to include localised forms of health care. Traditional medicine in India had

According to the World Health Organisation, 80% of the world's people depended on TM (herbal) for their primary healthcare needs as these plant extracts were readily accessible, affordable and culturally appropriate. Also, the economic benefits could be achieved through the development of indigenous medicines and the use of herbal medicines to treat various diseases.

Ayurveda, Yoga, Unani, Siddha and Homeopathy, an ancient India traditional medical discipline, has found acceptance in the management of oral diseases. It treats a patient as a whole not as a group of individual parts. It is aimed at healing the body, mind and soul. The important roles of Ayurveda, Unani and Homeopathy systems in the management of oral diseases have been already published in several articles [7,8,9].

Literature indicated that there are many Unani formulations that can be utilized in prevention as well as management of oral diseases. When screened according to the modern parameters, number of Unani herbs which are reviewed in this paper showed significant analgesic, anti-inflammatory, anti-microbial, antiulcerogenic activities. But among them very negligible percentage of herbal plant extracts are used in routine clinical dental practice and rest of others are not practiced because of their possible unknown toxicological effects. Therefore, various clinical studies are advocated to assess the efficacy as well as toxicity of these herbal products.

Dant Dhavani (brushing): Ayurveda recommends chewing sticks in the morning as well as after every meal to prevent diseases. Present-day research has shown that all the chewing sticks described in ancient Ayurveda texts (Circa 200 BC) have medicinal and anti-cariogenic properties.

Jivha Lekhana (tongue scrapping): It is ideal to use gold, silver, copper, stainless steel for the scrapping of the tongue. Tongue scrapping stimulates the reflex points of the tongue. Removes bad odor (halitosis). Improves the sense of taste, stimulate the secretion of digestive enzymes. Removes millions of bacteria growth (approximately 500 varieties). Clinical evidence also shows that use of tongue scrapers on a regular basis, has a significant Improvement on eliminating anaerobic bacteria and decreases bad odor

Gandusha (gargling) or oil pulling: Oil pulling is an ancient Ayurveda procedure that involves swishing oil in the mouth for oral and systemic health benefits. It is very effective against plaque induced gingivitis both in the clinical and microbiological assessment

Tissue regeneration therapies: In Ayurveda, the well-known herb, Amla (*Phyllanthus emblica*) is considered a general rebuilders of oral health. Amla works well as a mouth rinse as a decoction.

Phytomedicine has been used in dentistry as anti-inflammatory, antibiotic, analgesic, sedative and also as endodontic irrigant. Herbal preparations can be derived from the root, leaves, seeds, stem, and flowers various herbal products that have been used as an irrigants and intracanal medicaments in the field of Endodontics to eradicate the biofilm and remove smear layer

It is important that physicians provide evidence-based information to patients and allow them to make informed decisions. However, the lack of evidence on the safety of TM had been a challenge for the physician to recommend the use of TM.

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Risks associated with medical pluralism

- 1) Lack of scientific evidence base.
- 2) Concerns about safety, efficacy and quality of medications.
- 3) Delay of conventional treatment.
- 4) Lack of updated knowledge.

Strategies to overcome these shortcomings:

- 1) To strengthen quality assurance, safety, proper use and effectiveness of T&CM by regulating T&CM products, practices and practitioners
- 2) To promote universal health coverage by integrating T&CM services into health care service delivery and self-health care.

Regulations: 1. Indian Medicine Central Council Act, 1970. The Indian Medicine Central Council Act, 1970 is an important legislation as regards maintenance of health care standards in the country. It provides for the constitution of a Central Council of Indian Medicine and deals with the maintenance of central and state registers of Indian medicine for the enrolment of medical practitioners. The power to constitute the Central Council lies with the central government. The significance of the Act for consumers is obvious from the fact that it regulates the standards of medical services in Indian medicine which are of primary importance to every human being. Matters regarding specification of professional qualifications in Indian medicine and enrolment of the professionals are accordingly being dealt with under the Act and it offers comprehensive schemes regarding the same. 2. Drugs & Cosmetics Act, 1940 The Drugs and Cosmetics Act, 1940 is an Act of the Parliament of India which regulates the import, manufacture and distribution of drugs in India. The primary objective of the act is to ensure that the drugs and cosmetics sold in India are safe, effective and conform to state quality standards. 3. Drugs & Magic Remedies (Objectionable Advertisements) Act An Act to control the advertisements of drugs in certain cases, to prohibit the advertisement for certain purposes of remedies alleged to possess magic qualities and to provide for matters connected therewith. 4. Good Manufacturing Practices (GMPs), non GMP units to be delicensed. 5. Provisions regarding mandatory testing for heavy metals made mandatory from 1st January, 2006. SWOT ANALYSIS: AYUSH –Recent regulations: Maharashtra, Tamil Nadu, Gujarat, Punjab, Uttar Pradesh, Bihar, Assam, and Uttarakhand, where integrated practice of modern medicine by AYUSH Medical Practitioners is legal. On 10-2-2017, Karnataka joins the list of states where integrated medical practice is legal Practitioners of traditional medicine can now practice allopathy “during emergencies” after undergo a six-month crash course under senior doctors in district hospitals. A Government order to this effect was issued on 5th January, 2017. Government of India has recognized some of the principles and therapeutics of Ayurveda as a mode of intervention to some of the community health problems. These include *Ksharasutra* therapy for anorectal disorders, *Rasayana Chikitsa* (rejuvenative therapy) for senile degenerative disorder, etc.

2. Conclusions

There is enormous variety of knowledge, natural resources and skills that India has gained through perhaps the longest unbroken medical cultures of the world (5000 years). Based on these resources, Traditional medicine can make a marked contribution to all efforts in the context of pluralistic health care. If the need to support medical pluralism is appreciated and work towards this is initiated, it will be able to contribute to the frontiers of medicine. In a deficient health infrastructure like India, the role of AYUSH system in delivering health care services in the rural India is obvious. The grossly deficient health workforces in rural India could be replenished by AYUSH doctors and paramedics.

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