

“Incorporation of Traditional Medical System with in Medical Tourism”: Pros and Cons

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Abstract: *In recent years, there has been growth of interest in traditional medicine. Today, plants play a prominent role in drug discovery which generally depends on the folk information available from local practitioners. According to WHO (World Health Organization) 80% people depends on traditional medicines for their primary health care needs. The aim of inclusion of traditional medicine was based on the assumption that it is inexpensive and easily accessible to the poor populations. Infact the popularity of Asian traditional medicine in developed countries and the realization of side effects of Biomedicine accentuated the commercialization of this traditional medical system and gave way new avenues to attract medical tourists. The traditional medicine holds out a huge potential in attracting medical tourists, and to cash this popularity India's National Health Policy, 2002, also supports Medical Tourism. But at the same time few scholars contest the inclusion of traditional medicine in National Health Mission in the name of medical tourism. The commercialisation and promotion of traditional medicine simply made it beyond the reach of majority of the population while biomedicine is generally accessible (Pordie, 2010). Therefore, in the present paper I would like to examine the pros and cons of incorporating traditional medical system within medical tourism.*

Keywords: *Traditional medicine, Medical tourism, Health, Biomedicine, World Health Organisation*

Introduction

India has an incomparably rich heritage in ancient systems of medicine that make up an authentic treasure house of knowledge for both preventive and curative Healthcare. It attracts tourists not only from other parts of India but also from different countries. Traditional medical system is prepared from mainly powder, tablets, decoctions, medicated oils etc from natural herbs, plants and minerals. In 1978, (WHO) World Health Organization officially recognised traditional medicine and its practitioners at Alma Ata declaration to achieve the goal of health for all. The aim of the inclusion of traditional medicine was based on the assumption that it is low-cost and easily accessible to the poor populations. But on the contrary, the popularity of Asian traditional medicine in developed countries and the realisation of side effects of Biomedicine accentuated the commercialisation of this alternative medical system and gave new avenues to attract medical tourists. Thus, commercialisation and promotion of traditional medicine simply made it beyond the reach of majority of the population while biomedicine is generally accessible (Pordie,2010).

Traditional medicine systems such as Ayurvedic, Eunami, Naturopathy, Sidda etc. have lost official support through the beginning of British rule; colonial masters considered that these systems are unscientific and unreliable, because all these practices are based on traditional medicine, folk knowledge, spiritual beliefs or newly conceived approaches to healing. The claims made by alternative medicine practitioners are generally not accepted by the medical community because

evidence based assessment of safety and efficacy is either not available or has not been performed for many of these practices, but if scientific investigations establishes the safety and effectiveness of an alternative medical practices it may be adopted by conventional practitioners. Now a day's many people find that complementary and alternative medicine (CAM) equally effected as a conventional medicine. Complementary and Alternative systems of Medicine (CAM) can offer remedies in the treatment of chronic ailments like digestive disorders, asthma, and arthritis, but in the changing scenario, people are more vulnerable to chronic ailments because these therapies require long-term and expensive, which may not be affordable by an ordinary man and CAM (Complementary and Alternative systems of Medicine) can fill this critical gap and provide safe and cost effective treatment for many diseases.

India is one of the most sought after destinations for medical tourism. In the year 2004, 150,000 medical tourists from UK, US, Middle East and other foreign countries visited India seeking medical care in Indian hospitals. Since then, medical tourism in India has been growing at the rate of 20% per annum. An important factor for India's popularity as a medical tourism is the absence of long waiting time to avail the medical treatment that is very common in the US, UK and Canada. India is only one country where Ayurveda practices in the purest form Ayurveda is the traditional Indian system of medicine that has brought true health, happiness and wellbeing to millions of individuals throughout the ages. This ancient art of healing has been in practice for over 5000years, and was also the mainstream medicine in the ancient times.

The paper "Incorporation of Traditional Medical System with in Medical Tourism": Pros and Cons are based on secondary data which is concerned some books, research papers, from reputed journals and as well as also considered from various website has been taken to collect relevant information.

Role of Traditional Medicine in Medical tourism

Traditional medicinal systems often termed by modern scientist alternative or nonconventional or complementary medicines. But all native medical system including Indian Ayurveda, Yoga, Unani, Siddha, Naturopathy, Homeopathy are commonly termed as traditional medicine. Practice of traditional medicine is highly influenced by factors like history, civilization, culture and philosophy. The traditional medical systems are considered to be safe because of its long historical use including experience passed on from generation to generation. In India have six strange traditional medical systems which are Ayurveda, Siddha, Unani, Yoga, Nturopathy, Homeopathy. Although homeopathy originated from Geremany, its wide recognition and use has made it also be considered as a part of Indian traditional medical system. While Unani originate from Anabia and its practiced by Muslims communities in India. (Zysk, 2008). Yoga is considered to be a base for the remaining two Indian traditional medical system. Ayurveda is the comparatevelypopular than siddha and is widely practiced in northern India and state of the kerela in south India. Sidhha medicine has originate from Tamilnadu.

These traditional medical systems improve the quality of life and help to avoid iatrogenic problems. In case of less serious ailments, one third of people in India prefer the Indian System of Medicines and Homeopathy. Moreover, one fifth of them prefer the Ayurvedic medicines. But on the other hand in case of serious diseases, only 18% prefer these medicines, 14% sick persons availed these medicines because of less adverse-effects, affordability, effectiveness and accessibility. And the reasons for not availing these medicines were: less than expected effectiveness, unavailability of practitioners, no faith and unavailability of medicines. In rural and urban India, 40% and 30% of households visit the traditional healers, respectively. People prefer traditional treatment for ailments such as fractures, animal bites, jaundice, sciatica and measles, and as well they also prefer to avail traditional medicine because of its increase in income and literacy level. So a drug-utilization survey of the traditional medicine teaching hospitals and practitioners should be performed in order to evaluate the usage frequency of these drugs. During the latter part of the twentieth century, increasing interest in self-care resulted in a huge growth in popularity of traditional healing modalities, including the use of herbal remedies; this has been particularly true in the USA. Consumers have reported positive attitudes towards these products, in large part because they believe them to be of 'natural' rather than 'synthetic' origin, they believe that such products are more likely to be safe than are drugs, they are considered part of a healthy lifestyle, and they can help to avoid unnecessary contact with conventional 'western' medicine. Dakshi Mohanty and T Phani Madhav (2006) opines that the traditional medical system industry began to emerge as a prime destination for medical tourists by upgrading its technology, gaining greater familiarity with western medical practices and improving its image in terms of quality and cost. They classified medical tourists in to four major geographical groups who travelled for distinctly different reasons. First group consists of medical tourists from America who came for cosmetic surgery, as no insurance cover is available for cosmetic surgery in USA. Second group include of medical tourists from UK come for medical treatment because of long waiting lists- could not wait for treatment by the National Health Service and they cannot afford costs of private hospitals. Third group consists of medical tourists from West Asia who come for medical treatment because medical services unavailable or short in supply in the country. Fourth group consists of medical tourists from underdeveloped nations like Nigeria, Bangladesh etc, who come for medical treatment because of poor medical facilities in these nations. Nakul Jain (2006) opined that medical tourism is a concept where a patient travels to another country for medical treatment in order to save costs, or get treatment faster or even to avail of better medical facilities. Most patients from countries like USA and UK travel to developing countries such as India for treatment because India offers some of the cheapest pricing options of treatment, offers a good holiday, there are no waiting lists or queues to stand in, the doctors are comparable to anyone in the world and finally, language does not pose a problem as most people speak English. P.N. Hari Kumar et.al (2007) examined the impact of Ayurvedic rejuvenation in promoting backwater tourism and found that there is significant

impact of the introduction of Ayurveda centres on attracting more tourists into the backwater spots than before introducing this facility.

Contemporary issues of Traditional Medical System

Traditional medicines are followed under two streams, first Local Health Tradition, such as tribal medicines and other Organized System of Medicines, such as Ayurveda. Tribal medicine is based on the oral traditions in which many plants were selected on the basis on trial and error in order to treat ailments confronted and Ayurveda based on the codified written systems of medicine with their own theoretical and philosophical explanations. After research it is proved that Ayurveda is better than tribal medicine. This is the biggest problem that there is no any documentation about folk medicines. And these local health traditions are lacking their values, maintenance and validation of drugs. So, it is necessary that tribal communities involved in the Local Health Tradition should receive enough funds and expertise to codify and defend their drugs.

The traditional medical (Ayurvedic, Unani and Siddha) drugs mechanized and related matters are covered under the Drugs and Cosmetics Act, 1940 and Drugs and Cosmetics Rules, 1945. In July 2000, new regulations were laid down in relation to the standardization of traditional drugs. There are 9.000 licensed traditional medicine manufacturers. Those who satisfy the requirements can look for certification for good manufacturing practice. And who cannot satisfy the requirements have two years to comply with and to look for the certification. Most of the traditional medicine exporters are in the medium and small scale sectors that needs to support and direction. Pharmaceutical committee provides guidance on heavy metal contamination and acceptable level for the same in the traditional drugs. Now, every drug should first fulfil the pharmacopoeial specifications before the drug is marketed due to the growing demand and trade of traditional drugs throughout the world but still, quality control, logical usage, safety and efficacy of traditional medicines have not been completely assured till date. There are so many problems that traditional medicine not achieved their target because Sometimes people sell raw herbs in an open market without any regulation and these herbs an unhygienic way prior to its processing in many pharmaceutical companies. People purchase unregulated medicines from the unlicensed vendors leading to irrational use of traditional drugs Therefore, the standardization of traditional drugs and enforcement of related laws should be emphasized more, both for domestic consumption and for export. Other thing is that pharmaceutical companies are not following the exact procedures of drug manufacturing as mentioned in Ayurveda and therefore the expected results are not achieved. (WHO) World Health Organization has provided guidelines for clinical research in the field of traditional medicine because it is differ from the conventional medicine even ethical problems come while evaluating traditional drugs, the ethics may require the standard conventional drug to be given to all subjects which leads to evaluation of traditional drug in combination with conventional drug. Therefore it is important that some alternative models should be developed in order to evaluate traditional medicines within the clinical research even the economic evaluation of traditional medicines also comparing them with conventional

medicines should be started. This will be helping the health experts in making informed choices about the selection of medicines to be incorporated into the integrated healthcare programmes. The Culture and Tourism departments promote and circulate the traditional medicines by providing these medicines or reimbursing their costs. People are paying huge amount of out-of-pocket expenses for traditional medicines which are mostly not covered under the available health insurances.

Traditional medical system is considered to be the most ancient medicinal form. It mainly developed during Vedic times; the origin can be traced back to more than 5000 years. This system is to promote health rather than just treat disease. All the remedies and suggestions are based on nature. It cures a particular disease not just from the physical aspect but it also takes the mental, emotional and spiritual well being into account. Last two centuries These traditional medical systems such as Ayurveda ,Unani, Siddha, Homeopathy have turned in to an organised medical sector from house hold or small scale medical sector.

Traditional Medicine holds out a huge potential in attracting medical tourist, and to cash this popularity India's National Health Policy also supports Medical Tourism. International patients seeking medical services across borders or globally look at more than just cost comparisons in their search for the right physician and right facility to address specific needs. Indian government has indirectly promoted it by considering medical tourism to be a "deemed export" in its National Health Policy of 2002, and therefore granting the sector financial incentives in the form of lower import duties, providing prime land at subsidized rates, and tax concessions (Burkett, 2007; Garud, 2005; de Arellano, 2007; Sengupta, 2008).

In India currently there are over 680,000 registered traditional medical practitioners are working and most of them work in the private sector. The Department of ISM & H (Indian Systems of Medicine & Homeopathy) supports and provides research grants to a number of scientific institutions and universities for conducting clinical research, ethno-botanical surveys and pharmacopoeial and pharmacognostic studies on herbal drugs and medicinal plants. They are (ISM & H) continued improve their selves and use of drugs in national diseases control programmes and the family welfare programme, but lots of problem during this activities such as each centre is isolated they are not linked with other institutions, each centre is isolated they are not linked with other institutions. So, the market of traditional medicine is rapidly growing not only in India even other countries people taking these medical system because it has no side effected and people can easily achieved. National Health Policy on traditional (complementary and alternative) medicines would support the proper use of traditional medicines; integrating them into the national health systems; building or reinforcement the pharmacovigilance systems to examine herbal medicines use; and promoting sound use of these medicines by consumers and providers. Even Local government institutions and local communities can play also a significant role in the development of the traditional medical system. Local government can enforce policies and manipulate over its communities in a better manner. It is a fact that the local government plays a significant role in the function and management of public health

institutions in the Allopathic sector, in contrast to the Allopathic sector, the scope for community participation under the leadership of local government institutions is quite high in the traditional medical sector under the circumstance of medical tourism, and in the context of sustainable development roles it plays also a very important role on the sustenance of its local medical tourism operations and have a strong existence in protecting its resources. So, Sustainable medical tourism development in the field of traditional medical sector should address to the management of all potential resources that meets the needs of both the tourists as well as the local community.

Conclusion

The traditional medicine plays a vital role in Indian and other countries health care systems and it needs more research and development with due consideration to the philosophical concepts behind them. According to WHO (World Health Organization) reports that growing number of countries are adopting national policies and developing specific regulatory capacity on traditional medicine; moreover there is a strong scientific evidence for some traditional approaches. Traditional medicines may have been used for centuries by communities and found to be efficacious through long experience but their method of act may not be understood in modern scientific terms, and they often consist of mixture of different active substance. The means that efficacy of traditional approaches has generally not been described in terms of modern regulatory standards of the world. But if we look at the broader aspects of the traditional medicine or in another way try to find out scientific evidence behind its working, the evaluation of safety and efficacy of these therapies, we would be able to improve the present day scenario of modern medicine. Perhaps it will help to provide most advantageous treatment of patient with disease which the conventional medicine cannot cure. In western world due to the lack of knowledge about such alternative medicines, these are mostly criticised or perceived as superstition.

So, here we analyze that the traditional, complementary, alternative medicine are attracting more and more attention within the context of health care provision and health sector form. In this medicine there is no side effect and that is the reason these are growing continues, on the other hand traditional alternative medical system holds out a huge potential attracting medical tourist and to cash this popularity India's National Health Policy 2002, also supports Medical tourism. These traditional therapies such as Ayurvea, Unani, Sidhha, Yoga, Naturopathy, Homeopathy becoming popular among the foreigner patients. Moreover it is increasing business market, health profession and job opportunities. But the problem is that but the problem is that this is not evidence based medicine till now traditional settings can be used as testimony that a particular herbal ingredient is effective or safe, several problems must be addressed as these ingredients are incorporated into modern practice. One problem is that ingredients once used for indicative management in traditional healing are now used in developed countries as part of health promotion or disease prevention strategies; thus, acute treatment has been replaced by chronic exposure (e.g., herbal products used for weight loss, Allison et al.,

2001). This means that a statement about ‘thousands of years of evidence that a product is safe may not be valid for the way the product is now being used. This does not expressly mean that an ingredient is unsafe; it does mean that safety in the modern context cannot be assumed. A second problem is that efficacy and effectiveness have rarely been demonstrated using modern scientific investigations. An evidence-based approach to this issue has only recently been implemented, and the results reveal that for most herbal products, considerable gaps in knowledge need to be remedied before one can be convinced about their efficacy. In spite of traditional medical system like Ayurveda, spa, meditation is not important for the good health but also for the environment and employment.

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