# ♣Holistic Health♣

Taking responsibility of our health and happiness

## 1. Health of the People: The therapies, government positioning and the market.

In the world today, many therapeutic paths are being flagged as “only therapy” towards healing, curing and or treating illnesses. Though world over, allopathic system is considered ‘scientific’, rational and also quick remedy (and at times other practitioners termed as quacks); other therapeutic practices are also gaining popularity, either as alternatives to the side-effects of the allopathic medicine or the after-effects of the consumerist life-style. Till recently, homeopathic and Ayurvedic therapies were thought to be useful only in long-term cure and not good/adaptable for infectious, communicable, epidemic and emergency diseases; the apprehension, in large population, still exists. Along with Ayurveda and homeopathy, there are other therapeutic health systems like Unani, Naturopathy etc., in vogue today. All these therapeutic paths are independent of each other, cancel each other or treat other/s as unscientific.

Whether it is allopathic system or Ayurvedic system of healing and treatment, the health has become a commodity to buy and sell, to make money and to make profit. Big empires,

of health care providers, medicine manufacturing companies and hospitals, are built on the spread of the diseases and ill-health (of the people); more the people fall ill, better the wind-fall (of gains) for the company. It is not just allopathic industry which is growing in India (and also abroad) at phenomenal pace, ayurvedic and alternative therapeutic industry is also growing at unprecedented speed. It is not only one or two big pharmaceutical companies that have shown phenomenal growth in last two or three decades; while the top 10 pharmaceutical companies with Sun Pharmaceuticals at the top (Rs104,189 thousand Crore market capitalisation as of date) and Piramal Enterprises (Rs9456 thousand Crores market capitalisation aod) at the tenth are way ahead of their brethren from ayurvedic medicine industries, Dabur India with a market capital of Rs27252 would rank above the fifth ranked Glaxo SmithKline and just below the fourth ranked CIPLA (Rs32233 thousand crore) overall. Even the seventh ranked (in the Ayurvedic medicine) Emami has a total market capitalisation of more than Rs 9000 thousand crores and would have ranked above the 11th ranked Ipca labs in market capitalisation. So, even if the number of allopathic medicine producing companies are far more (about 114 listed on the BSE stock exchange but there could be equal or more non-listed drug manufacturers), the ayurvedic medicine manufacturers (hamdard is unani and

ayurvedic drug manufacturer) too are also turning into big money spinning business.

Where are the people, the masses, in this big-time business syndicates? Satish Kumar, a Gandhian living in UK for past many years and, editor of Resurgence magazine and associated with Schumacher College, says, “The way they prey on the vulnerability of the sick is nothing less than a matter of shame. The illness should be a way of making profit defies any concept of civilisation. (But) many of our diseases are caused by this so-called civilisation. Cancer, obesity, coronary heart disease and many others have origins in polluted food, polluted air, polluted water, work-related stress, loneliness, break-down of communities and so on.”

Where are the governments the people send to govern and provide measures in the larger interest of the masses? The National Health Services, at present divided as National Rural Health Mission/NRHM (Ayush part of this) and National Urban Heath Mission/NUHM, seems to be trotting along the traditional, and at times dictated by internationally hype and private interests, lines in health services.

Over the last six years the Central Government has made a total of Rs52832 crores release to strengthen the Primary Health Care under NRHM. The total expenditure by the Central Government from 2005-06 to 2009-10 was Rs73606 Crore. Of this Rs38420 or 52.2% was on NRHM.

Most of the NRHM funds have gone in financing strengthening of health systems (31%) followed by maternal and child health interventions (28%), immunisation and disease control programme (14%), sub health centres expenses (27% under the head of infrastructure maintenance).

As per the Planning Commission (of India) estimates, there are 38 crore people living in urban areas at present, projected to increase to 54 crores by 2050. As per NSSO estimates, urban poverty has risen from 15% in 1970s to 25% in 2004-05 (NSSO 61st round). Planning Commission estimates 8 crore of the urban population to be poor. As per the 2001 census, 4.26 crore of people live in slums spread over 640 towns (with more than 50,000 population); the Indian government has approved Rs22507 crore National Urban health Mission to address healthcare challenges in 779 towns (population more than 50000) supposedly to cater to 7.75 crore population.

As can be seen from above, it seems evident that the focus of the government (mandate and spending) is not on the non communicable diseases. The government (the planning commission document) admits, “There are a number of new initiatives launched for cardiovascular diseases, stroke, and diabetes, for cancers, for mental illness for deadness for flourosis, for tobacco control, for iodine deficiency disorders, for oral health and for occupational diseases. There are also 243

highway based trauma centres which are established. Most of these except for blindness control are at an early stage of planning and implementation."

While it is quite clear that the governments are not in a hurry to act and have left the non-communicable diseases to the private sector. It also explains the phenomenal growth of the big pharmaceutical companies in last two decades. But there is also a larger question as whether the segment, the non-communicable diseases as a whole, is critical? Let's find out:

As per Magdalena Z Raban, Rakhi Dadnona and Lalit Dandona of Public Health Foundation of India, "Non-communicable diseases (NCDs) were estimated to account for over 50% of the deaths and 43% of the disability-adjusted life years (DALYs) lost in India in 2004 and they are prevalent across all the socio-economic strata in the country. According to predictions, by 2030 NCDs will account for almost three quarters of all deaths in India and the years of life lost due to coronary heart disease will be greater in that country than in China, the Russian Federation and the United States of America combined.

R. Srinivasan in his work, "Health Care in India-Vision 2020-Issues and Prospects" says: "Studies by WHO show that by 2026 with expected increase in life expectancy, cancer burden in India will increase to about 14 lakh cases.

Cardiovascular cases and diabetes cases are also increasing with an 8 to 11% prevalence of the latter due to fast life styles and lack of exercise."

## 2. The People: knowledge attitude and practices.

In 2010, India had a total population of 122,46,14,327; In 2008, WHO report says, 296, 76,000 males and 227,38,000 female NCD deaths were reported in India. Of this, 380,000 and 321,000 were under the age of 60 years.

The NCD country profiles 2011 of WHO further reports that:

- **Behavioural risk factors:** (based on 2008 estimates) 13.9% of the total population was reported to current daily tobacco smoking population (25.1% male and 2.0% female); on the other hand the physical inactivity was 14% (10.8% of the total males and 17.3% of the total females were physically inactive);
- **Metabolic risk factors:** 32.5% of the population have had (2008) raised blood pressure (33.2% of the males and 31.7% of the females); 10% of the population had raised blood glucose (10% male and 10% female); 11% of the population was overweight (9.9% males and 12.2% females); 1.9% were obese (1.3% males and 2.4% females) and 27.1% of the population had raised cholesterol (25.8% males and 28.3% females)

- **NCDs account for 53% of all deaths:** Cardio-vascular diseases (CVD) account for 24%, respiratory diseases 11%, cancer 6% and diabetes 2%.
- **Mean systolic blood pressure:** it was 119mmHg in females and 121mmHg in males in 1980 which increased to 121mmHg (millimetre mercury) in females and 124mmHg in males in 2008; mean fasting blood glucose was 5.0mmol/l in females and 5.1mmol/l in males (1980) which increased to 5.5mmlol/l (milimol per litre) and 5.6mmlol/l in females and males respectively in 2008.

At the knowledge level, there has been, at one end, a decline in the home-remedies knowledge and acceptance while at the other end there has been occupational, social and behavioural practices that increase the stress levels, blood pressure and blood glucose.

The household knowledge regarding do's and don'ts have gone down; the reason could be many but one of the reasons could be consumerist life styles have replaced the more conservative lifestyle, not only in metros and bigger towns, the smaller towns and rural areas too, the market economy has made inroads.

The vast market chain has also increased the behavioural risks factors like tobacco and tobacco products.

At the health care level, the people acquire the care and treatment only after falling ill (curative health care) and preventive mechanisms have failed to be part of health care.

## 3. Our therapy: what we intend to do.

Holistically, our health demands that we take responsibility of our lives and our happiness; personal health flows from the fact that body is not separate from mind-there is perfect symbiosis of the two, what the Chinese call yin-yan, or the feminine and the masculine or earth and the sun.

We believe that a top down approach is detrimental to the health of our health. What do we mean by holistic approach (against a top down approach)? Before we attempt this, here is a brief introduction of who we are, why we are (what we are) and how we are going to do what we intend to do.

We are a group of young individuals just out of college (or some still in college) and besieged with professional dilemmas and social issues. Some of us are from medical background, meaning trained to be medical professionals (doctors) but that is not our exclusive pedigree; we belong to different academic backgrounds –from engineering, medical, biology, sociology, education etc. What defines us is our youthful quest to chart our own paths illuminated by our academic training and objectivity characterised by the social issues.

Some of us who came together for 'holistic health' are from medical background-trained as MBBS or BAMS or BHMS[1]. The individuals in this group came in contact during processes such as "NIRMAN" and "Sevankur"[2] and later on met outside these forums through social networking and one-to-one meetings. One of the members, Dr Prashant Kuchankar, post his BAMS studies, went on an exploration tour of India, visiting different practitioners from different part of the country for about two and half years. Post this exploration, Prashant decided to practice holistic medicine in Vidarbha region of Maharashtra and build/anchor a team. The team was supported in this endeavour by Amhi Amchya Arogyasathi [3], a voluntary organisation working on community health and indigenous people's health practices in Gadchiroli district.

For last two years Amhi Amchya Arogyasathi has supported in building a team around Prashant Kuchankar as the anchor at two places viz. Nagpur and Kurukheda. The team runs a clinical diagnostic and community interface centre at Kurkheda. Amhi Amchya Arogaysathi (AAA) has been working with the traditional tribal health practitioners for more than two decades and this has provided a platform for the new team to

[1] MBBS: Bachelor of medicine and bachelor of surgery (allopathic system); BAMS: Bachelor in Ayurvedic Medicine and Surgery; BHMS: Bachelor of Homeopathic Medicine and Surgery

[2] Nirman is a social initiative in Maharashtra. For more details please see: nirman.mkcl.org
Sevankur is a youth motivation programme of Prayas Amravati and for more details please see: www.prayas-sevankur.org

[3] Amhi Amchya Arogyasathi means, we for our health

practice holistic medicine here. At Nagpur, the team has developed a steady flow of clientele, urban middle class who has come over to holistic medicine after romancing with the allopathic medicine for quite long and without any satisfactory results.

We firmly believe that the present medical science approach, top down and hierarchical categorises the person as patient and turns her/him into a subject without much say in the decision related to her/his health and living, alienates the person from his health, puts her/his body and mind in total submissiveness to the medical practitioner. Besides, it relies on outside prescription drugs manufactured for masses by big companies. We believe that the therapy, arrived at a prolonged discussion with the person and observations, should have the right mix of medicine, food, daily routine (physical activity) and refreshing environment for the mind. We believe that it is not the disease which need the attention (working on symptoms to erase them) but to consider the body and mind as an unity, to analyse the interconnectedness of the symptoms and the status of the person (body), the mind and the practices she/he is engaged in. Based on the persons behaviour patterns, practices, social and economic environment and its repercussions on the mind and body of the person, arrive at therapeutic course.

We also believe that the community has a lot to offer: different communities were, and are still, practised some home-made remedies for diseases and also to keep one healthy. Tribal communities and other indigenous communities have still some knowledge bank left that can be assimilated in the other holistic therapies. In this way, for us the knowledge is two-way process: flowing from the academic institutions and also from the communities.

The national (and international) health service comes to the aid of the people when they are sick. It does not promote health, it does not prevent sickness and it does not treat the causes of the sickness, be they personal, social or environmental. On the contrary, in alleviating the symptoms through drugs, there are often side effects and sometimes new sicknesses are created. We, while working on the curative health, want to educate the society about the personal health that is an embodiment of spiral web of body and mind.

## 4. Establishing People centred holistic health practices: the reasons

At present, as we have elaborated in the document, the priority of the decision makers-the governments and the medical practitioners is not the people's health but profitability. The great market forces decide about the health systems and practices and the influence is seen in pro-private-companies

policies and practices that have profit over people as the driver and motive. Majority of the population suffering from non-communicable diseases in particular and all illnesses in general, are out of the health care and treatment. For non-communicable diseases, for want of government system, financing and priority, the majority of the population do not dare to consult the medical practitioners: it is out of their buying capacity, whether it is allopathic or ayurvedic therapies. Even when the general public approaches the system (mostly private), it is costly and with lots of side-effects that the disillusionment starts creeping in.

We believe in people over profit and that's the first driver of our initiative. The second driver is the non-hierarchical knowledge transfer: what we mean by this is that at present there is one way-flow of the knowledge transfer, from academic institutions and the people and the communities are merely subject or the recipients of the knowledge use (by its practitioners). We do believe, and in last two and half years or so, and during our association with Amhi Amchya Arogasathi we have come across knowledge banks of tribal and other communities' health practices, that these communities have a lot to give to the medical science and its practitioners. We also believe that the person who comes to us, has experiential knowledge about the self: symptoms,

practices, environment etc that can correlate some of the ills of the present day.

The third driver is, we want co-create the self-practitioners. Instead of exclusivity of knowledge and practices, we want the community to be health practitioners. It would decrease its dependency on the government and the market. For us the social indicator of development is not the per-capita expenditure but the decreasing dependency on the market, most important, not falling ill; in a sense, restoring health than suppressing illnesses.

## 5. How: the roadmap for next three-four years

Amhi Amchya Arogyasathi supports this endeavour from its own resources. With this support we are able to run a clinic at Kurkheda in Gadchiroli (three medical practitioners viz. Dr Prashant Kuchankar, Dr Mohanish Gahane and Dr Ujwala) and a clinic at Nagpur (a team of three persons viz. Dr Prashant Kuchankar, Dr Viraj and Dr Namrata). We are supported by Dr Satish Gogulwar (Director of Amhi Amchya Arogyasathi) in perspective building, brainstorming and community interface at both the places. This endeavour is anchored and coordinated by Dr Prashant Kuchankar.

So far, in last two and half years, we have been working, with a modest support from AAAs, in a limited way. There are certain bottlenecks that we have identified that hinder the

sustainability of the endeavour. So we have chalked out a rough road-map for next three-four years:

- Work on the daily clinic mode at both the places, Kurkheda and Nagpur. At present, the clinic at Kurkheda is weekly and there is a steady flow. The initial environment has been created and there is a need for operating on a daily basis in the clinic.
- People from far off-other districts, come to Kurkheda. There are tribal villages in and around Kurkheda that need our clinical services and also health education. With Kurkheda as clinical centre, holistic health education need to be taken to a core group of tribal villages around the tahsil place (about 20-30 villages). There are other programmes being implemented by AAAs in these villages and this would help the communities in restoring health.
- There is an abundance of community knowledge in the tribal villages of Gadchiroli. Collate this knowledge and share it with other practitioners and communities.
- Create platforms for sharing and using knowledge across different communities- practitioners, tribal health practitioners, academicians etc.
- Develop Kurkheda as a clinic and referral centre, accommodate interns, provide perspective and clinical

training to interns so as to create a critical mass of ethical practitioners;

- Develop Nagpur as the urban centre for holistic health excellence. Provide clinical services to middle-class.
- Create a fund for subsidised services to the urban poor in Nagpur. Link the services with insurance based clinical services to urban poor for non-communicable diseases.
- Provide health holistic health education linked with insurance programme for urban poor.

## 6. What we are looking for?

At present we are being supported by Amhi Amchya Arogyasathi. In next three-four years we will continue to work under the aegis of AAAs with the above laid-down roadmap (will be further fine-tuned) and generating resources for the endeavour.

What we are looking for is not just resource support (financial) but your suggestions, critique and guidance in this endeavour. We have merely floated the idea but need a sensitive partnership in every respect.

What you can do: you can help in more than one way. It could be:

- Volunteer to help us with some of the initial start-up work; devote time (a very valuable resource), your wisdom (a premium support) and encouragement(so critical);
- Help with resource generation work; anchor or be part of the team to generate resources. Make list of the prospective donors-individual, trusts, foundations or others, give leads, pitch with the donors etc.
- Be patron member of the holistic health group and encourage others/friends to be patron members (all the patron members and their immediate family members will have access to holistic care and treatment either at Kurkheda or Nagpur for life) by paying Rs50000. This amount will be used to create an endowment corpus;
- Be a life member of the holistic group and encourage others/friends to be life members (all the life members will have access to holistic care and treatment either at Kurkheda or Napgur for life) by paying Rs25000. This amount, too, will be used to create a corpus.
- Access our holistic health facilities at Nagpur or Kurkheda and encourage others to access these, too.
- Be part of the general council of the operational endeavour (proposed to come up by end of December 2013.

This initiative will be anchored by Dr Prashant Kuchankar and mentored by Dr Satish Gogulwar

This is an Amhi Amchya Arogyasathi initiative (already seeded and going on for last two and half years) under 'our health ♣ our happiness' programme. Please visit www.arogyasathi.org for a brief peep into our activities.

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Branch Code :- 5909

IFSC Code :- SBIN0005909

Customer Name :- Amhi Amcha Arogya Sathi Kurkheda (Anandan)

Account Number :- 32201352572

Dr. Satish Gogulwar Dr. Prashant Kuchankar