

Editorial

Contemplating the Objectives of WHO Traditional Medicine Strategy (2014-2023) in India



India ranks a low 130th amongst world nations judged by Human Development Indicators (HDI) ^[1], where the health of the nation's population is considered as a main evaluating factor. Even though significant strides have been achieved in improving health care systems, India lags a distant mile in improving its rank in HDI. Escalated cost of health care coupled with increased levels of chronic illness and emergence of new infectious diseases has worsened the health care systems in India and around the world. According to the World Health Statistics (WHS) 2013, India possesses six doctors per 10,000 people, which is insufficient for the growing requirements of Indian health care. Moreover, in rural area "doctors to population" ratio is lower by six times as compared to urban areas. Doctors are the most important part of health care system; however the rural area of India has a 64% shortage of doctors ^[2].

India is a land of rich traditional heritage where many traditional systems of medicine (TM) namely Ayurveda, Yoga, Siddha, Unani, etc are practiced since centuries. The mere existence and applicability of the age old wisdom of these TM even in present day suggests their significance ^[3]. In this scenario efficient practitioners of TM may be helpful in fulfilling the gap prevalent in the Indian health care system by providing basic health care support to the needy. TM is not only used to treat diseases, especially chronic diseases; but also widely used in the prevention of disease, promotion and maintenance of health, and it has proved to be cost-effective for some governments too.

A rekindled interest in "whole person care", disease prevention and more proactive approach to choose best health care facility feasible by the consumers have given rise to increased demand of traditional and complementary medicine (T & CM) consumption. Moreover, patients and health care providers alike are demanding that the health care services be revitalized, with a stronger emphasis on individualized, person-centered care ^[4]. Uptake of T & CM is rapidly increasing in many countries and is being continuously consumed

by most of the countries. However, safety, efficacy and quality of medicine are the major concerns for most of them who approach traditional medicine practitioner. Added to the above concern, finding a qualified physician with sufficient experience in managing the ailments is also a challenge. Identifying the increased demand of T & CM globally and to provide a suitable solution to the above concern WHO has developed Traditional Medicine (TM) Strategy 2014–2023. The 10 years goals of the strategy is to support the countries in harnessing the potential contribution of TM to health, wellness and people centered health care system; to promote the safe and effective use of TM by regulating, researching and integrating TM products, practitioners and practice into health systems, where ever appropriate. The key objectives of the strategy include policy making, assuring safety, efficacy and quality of the products, accessibility & rational use of the therapeutics.

The Cabinet of Government of India in 2015 has agreed to collaborate with WHO to enhance the status of the Indian origin traditional medicine by creating a concrete knowledge base which will be globally acceptable and address the concern of the consumers of TM which seems to be right approach in contemplating the objectives of the new Strategy of WHO.

The collaborative work is initially aimed at providing benchmarks for training and practice in Yoga, Ayurveda, Unani Medicine and *Panchakarma* (5 body cleansing procedures). Further the collaborative work is also aimed at the development of WHO publication on the basic terminologies for T&CM, establishment of a database for global T & CM practitioners and establishment of a network of international regulatory cooperation for T & CM practice ^[5]. The collaboration also aims at channeling TM & its practitioners into the mainstream of health care system and thereby improving the quality health care in India.

The above agreement of the Government of India has to be welcomed with an open mind and clear vision from the fraternity of AYUSH stream. The roadmap with definitive goals should be developed by incorporating the suggestions from all categories of people involved in catering the services of AYUSH without restricting to particular Government institutes or hospitals. Workshops and conferences should be undertaken by the ministry along with its state subsidiaries to obtain the feedback from the people. A collective effort from all the members of the fraternity will definitely help in achieving the objectives set by WHO and the collaborative work of the Government of India to make its very system internationally acceptable.

The current issue of the journal has incorporated 4 original articles out of which two are of clinical research, one pharmacological study and another being a case study. The clinical research articles have been based on two commonest health issues, anaemia and osteoarthritis. Both the studies have revealed a significant outcome in improving the condition subjectively as well as objectively. The pharmacological study has highlighted the potential anti-oxidant activity of an herbal face cream on a sound scientific parameter. Case study reveals the benefit of judicious application of Ayurvedic therapies in preventing amputation of the part affected with Necrotising fasciitis, the study opens up a new avenue for research in managing gangrenous wounds. I sincerely hope that the issue will be thought provoking and serve the purpose of the needy.

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