'One Nation, One Health System' In Indian Context: Do we need a serious debate before we pitch in?

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India is heading towards the implementation of an integrated health system called 'One Nation, One Health System' which would integrate modern and traditional systems of medicine like Allopathy, Ayurveda and Homeopathy in education, medical practice and research. Niti Aayog is working hard on this agenda of unifying the nation through a uniform health system. It sees such integration as its key modus operandi to bring about this reality.

Indian health care delivery has long been criticised for its poor standards, dearth of human resources, infrastructure, accessibility, availability and affordability. Advanced health care in India is commonly observed to be nucleated in a few places keeping the rest of the country coping with average or below average services. The proposed single health system under the ambit of integration is now considered the ultimate answer to these age old ailments lying inside the Indian health care system.

One health system policy aims to formulate an Integrative Health System, under which patients would get treatment from any medical system, depending on their pathology and available evidences to treat it. The idea is to provide a need based, uniform and standard therapy to every patient everywhere in the country; the objective being not to deprive anyone of beneficial interventions that are not precluded by availability, affordability and accessibility.

Although seeming idealistic, integration is a utopian thought with both advantages and disadvantages. It may by noted that such integration in health care has previously been attempted, erstwhile attempts could not avail much for want of clarity of approaches and objectives. This reattempt therefore requires a serious revisit of what integration in the Indian health care context may really mean, and how to execute it to reap maximum benefits.

Integrative medicine is conventionally understood as selectively incorporating the elements of complementary and alternative medicine into comprehensive medical treatment plans alongside solidly orthodox methods of diagnosis and treatment (1). This mere definition of integrated medicine has the element of considering one system as mainstream and enriching it with selected elements of others in order to strengthen it further.

In a country like India which has a history of traditional medicine far richer than modern medicine and with a state-owned system of its education, practice and research, such a modus operandi of integration raises several questions.

Initially looking at the advantages of the idealistic proposition of a unified health system, one can see that such a system will essentially incorporate the best elements of all present health care systems practiced in the country.

It would certainly be idealistic in that it would relieve the patient of the burden of choosing their preferred health care providers / the system best suiting their needs. Instead, the health care units themselves would take on the burden of selecting the optimal health care for each patient; a step forward from the current system dominated 'pathy centric health care', towards a 'patient centric health care', where each person's health care needs are considered primary. It would naturally be consumer-focused with services designed around consumers' needs.

Within such a definition of integrative health care,

integration can expand beyond addressing physical health. It may duly incorporate people's other composite health domains including mental, social, and spiritual health. Further simplification would provide holistic care addressing each person's composite health care needs so as to optimize outcomes.

Previous attempts at integration in India focused on mainstreaming AYUSH systems by co-locating them in conventional health care settings. Establishing Health and Wellness Centres (HWCs) under the auspices of Ayushman Bharat is a recent update to this approach. For HWCs to have bilateral referral systems from AYUSH to conventional medicine, and vice-versa, represents a significant improvement over the earlier attempts. Their benefits are yet to be seen, however.

But, importantly, note that similar ideas were earlier proposed in National Health Policy (NHP) 2017 stating, "***The policy further supports the integration of AYUSH systems at the level of knowledge systems, by validating processes of health care promotion and cure. The policy recognizes the need for integrated courses for Indian System of Medicine, Modern Science and Ayurgenomics. It puts focus on sensitizing practitioners of each system to the strengths of the others***." (2) Similar attempts were also made in the National Mental Health Care Act 2017 where AYUSH professionals and approaches were duly recognised for their mental health care potential. (3)

Nevertheless, it is important to recognise that NHP 2017 intended integration to contribute to National Health by enriching all modes of medical practice without any losing their identity. Its essence was dynamic and liberal, committed to growth of each system individually as well as all systems collectively.

The current proposal of a single integrative health system sounds more utopian and less dynamic when compared to the core of NHP. To achieve inclusive, affordable, evidence-based and person-centric healthcare by integrating India's previously adopted pluralistic health care into one single healthcare system, addressing its embedded hitches and

hiccoughs will be important. Only then can we weigh the advantages and disadvantages of such an approach.

Evidence of efficacy and safety are of paramount importance to any integration exercise. In the AYUSH health systems, there is a severe dearth of meaningful evidences, which can pave the way for integration. Meaningful integration can best be adopted when all health care systems are on equal footings. So the primary need, before any serious attempt at integration is made, would appear to be generation of evidence for safety and efficacy. In this context, it will also be important to explore the possibilities of intra -and extra-mural integration within the existing framework.

Integration of those systems with strong similarities of principles, interventions, modalities and practice style within the AYUSH framework makes sense. Comparative effectiveness research (CER) is yet another powerful tool, which should be fully implemented before any healthcare integration can bear fruit. CER essentially assesses each health care modality for its effectiveness and safety in real clinical situation. In a country like India with its multiple functional healthcare systems, determining which works best in real clinical situations will be of the utmost importance in prioritising each system. (4)

When integrating two systems, assessing their mutual influence on each other will be crucial. Resonance or dissonance of the combination will lead to synergistic or antagonistic effects. Equally, two systems that work excellently in a given situation on their own may not retain their advantages when combined together. Plenty of examples reveal serious herb–drug interactions when an AYUSH system is combined with modern medicine.

In summary, the present Indian situation of pluralistic healthcare requires too much science before integration can ideally be attempted. We are slowly moving towards an optimisation of medical pluralism where all systems will have opportunity to grow and will also integrate/co-junction/cooperate with each other in public interest. In India we have six medical systems (AYUSH) bunched

together projecting a model of medical pluralism. Probably we need to allow another half a century to complete the process of integration when one could think of one integrated health care system. A practical way of moving forward would be to keep the current health care practice intact, encouraging the growth of each system while promoting the integrative health care model as another viable option before instituting it. Thorough research and experience could then identify what works best over a longer time span. To make it a reality, integration first needs to be confidently adopted in the mind, rather than at the physical level with questioning, sceptical minds. (5) Ensuring that all Indian Systems of Medicine get enough opportunity to explore their own science thoroughly is important. No way should any be minimised to serve a customised purpose. Continuing with individual systems is vital. That will ensure the growth of each based on its own wisdom and skill sets (6, 7).

Acknowledgement

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