



The Indian Medicine System and Homeopathy- An Overview

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Abstract: The Indian Systems of Medicine and Homoeopathy include Ayurveda, Siddha, Unani, and Homoeopathy in addition to practices like Yoga and Naturopathy. While some of these systems are indigenous, others have over time assimilated into Indian society. The Indian system of medicine has established its value in treating several diseases that Allopathy is vying to treat. The Indian medical system has a long history that is significantly older than the current Allopathy, which begs the question of whether affection is necessary. The oldest and most effective kind of traditional Indian treatment is Ayurveda. India has one of the world's oldest medical systems. The term for it is Ayurvedic medicine (Ayurveda). Ayurveda is the science of life since in Sanskrit, Ayur means "life" and Veda means "science" or "knowledge." These include Homoeopathy, Natural Therapeutics, Yoga, Siddha, and Unani. Homoeopathy arrived in India in the 18th century, but it quickly got fully integrated into Indian culture and enriched like any other system, making it a part of Indian medical systems today. Homoeopathy and the Indian System of Treatment are preferred by most Indians for their healthcare practices over allopathic medicine because of cost-benefit analysis. The Indian System of Medicine and Homeopathy in India are hence the main topics of this research paper's overview.

Keywords: ayurveda, ailments, allopathic, cost-benefit analysis, homoeopathy, Indian culture, siddha, Unani.

1 INTRODUCTION

Medicines are medicinal products used in the diagnosis, treatment, and prevention of disease. The underlying condition and disease science serve as guidance for drug use. India's ancient culture aided in the development of many medical and pharmaceutical systems. Scientists fear that environmental degradation will lead to a catastrophic catastrophe, making people physically and psychologically fragile and causing many new diseases [1]-[3]. As a result, this industry is growing more quickly both internationally and in India. In India, there are two different medical systems: the allopathic medical system and the traditional Indian medical system. In India, traditional medicine has a long history, is well-established, and is included into the overall healthcare system of the nation. Additionally, traditional remedies are becoming more and more well-liked in poorer nations. India has five different traditional medical systems, including Siddha, Ayurvedic, Unani, Homeopathy, and Naturopathy, in addition to one style of Allopathy [4]-[6].

1.1 Statement of Problem

The Indian medicine has paved the road in a number of ailments where Allopathy competes with them. The Indian medical system has a long history that is nearly as old as the modern allopathic system, which calls for consideration. In this area, India has six renowned medical systems, each of which is distinct. There are several of them, including Naturopathy, Homoeopathy, Ayurveda, Siddha, and Unani. In India, Ayurveda is regarded as a complete physical system in addition to promoting physical, psychological, intellectual, ethical, and spiritual well-being. It places a high value on how science and nature interact with the cosmos [7].

1.2 Objectives and need of the Study

The study and the research objective are to assess the Indian medicine, specifically with regard to homoeopathy, from a theoretical standpoint. It encourages a better environment and promotes the accessibility of healthcare services for our population, particularly for those without health insurance, through preventive, traditional, mitigating, and curative interventions provided by the Indian System of Medicine and homoeopathy. Promoting health and expanding access to care for our population, especially for those without health insurance, through preventive, basic, mitigating, and curative Indian System of Medicine and homoeopathic intervention.

1.3 Methodology

This analysis is both descriptive and diagnostic, and it is purely dependent on secondary information about the study's theme. The secondary sources of data and information include a variety of journal articles, magazines, reports from governmental and non-governmental organizations, books, daily newspapers, periodicals, research papers, websites, and other published and unpublished materials related to the topic of the research paper. These sources are carefully analysed while keeping the study's objective in mind to produce the results, findings, and conclusions for the study [8]-[9].



2 REVIEW OF LITERATURE

B. Ravishankar and V.J. Shukla (2007), traditional medical systems based on medicinal plants have a substantial impact on the way that a large portion of the population is cared for [10]. A general overview of the main components of these systems is attempted in this paper. History, conceptual foundation, R&D components, problems with medication manufacture, and the effect of globalization on Ayurveda are some of the subjects covered.

RC Kapoor (2010), the three conventional medical systems are Ayurveda, Unani, and Siddha [11]. These systems include plant, mineral, and animal medicinal ingredients that have a long history of being used to treat medical conditions. The subject of safety hazards in Indian Systems Medicines has received considerable attention.

Balpreet Singh et.al., (2013), most experts consider the ISM and H policies' overall implementation status to be "bad" [12]. Seven recognized medical systems, including Ayurveda, Siddha, Unani, Yoga, Naturopathy, Amichi, and Homeopathy, are only found in India.

V. D. Roy (2015), even until the Middle Ages, Ayurveda was the most popular medical system in India [13]. Under British administration, European medicine replaced Indian Systems of Medicine as the country's official medical system. British policies had ignored these indigenous medical systems by the middle of the 19th century.

3 PEOPLE IN INDIA PRACTICE OF MEDICAL SYSTEMS

3.1 Allopathic

Modern medicine is known as allopathy, and the pharmaceutical business is heavily invested in it across the entire world's economy [14].

3.2 Ayurveda

Ayurveda, which literally translates to "Science of Life," is a holistic medical approach that places an emphasis on preventing illness and maintaining good health by reestablishing harmony between the body, mind, and spirit as well as in interpersonal interactions and with the outside environment. Before written records were formed around 5,000 BC, many customs were transmitted orally. The Caraka Samhita and Sushruta Samhita, which are the foundational books on Ayurvedic medicine, give descriptions of internal medicine, surgery, treatment of head and neck disease, toxicology, psychiatry, sexual vitality, rejuvenation and care of the old, and gynecology, obstetrics, and pediatrics [15]-[16].

In contrast to the disease, the diagnosis and therapy place more emphasis on a person's constitution (prakriti). The three doshas (constitutional types), diagnosis, and treatment are the foundation of theory. Combinations are used to treat illnesses and disorders that are tailored to each person's constitution to lessen symptoms, clear out impurities, improve disease resistance, and promote health. These combinations may include the use of foods, herbs, oils, yoga, and lifestyle changes. Ayurveda is the most widely used system in India [17]-[18].

3.3 Siddha

One of the earliest types of Indian traditional medicine is Siddha. Siddha signifies freedom. Siddhas are revered beings who receive healing from yoga. The Siddha approach considers a patient's age, gender, race, customs, environment, diet, and physical condition in addition to their illness. Siddha medicines were effective in treating illnesses, and further research is required to comprehend how this system works. The potency, toxicity, and efficacy of mineral or metallic drugs are suspected to be altered when combined with thimerosal (such as sugar, butter, dairy products, leaf extracts, juices, or heated air) when administered in extremely small amounts. In addition to astrology and incantation, Siddha therapy uses both. Tamil Nadu, the southernmost state of India, is where Siddha treatment is most frequently used [19]-[20].

3.4 Unani

The Unani medical system originated in Greece, was improved by Arab medical experts, and then eventually travelled to India during the Middle Ages. The core of Unani theology is the conviction that a spirit-balanced lifestyle is necessary for keeping health (lymph, mucus, bile, and black bile). Pure air, food, and water, physical movement and rest, psychological movement and rest, sleep, wakefulness, retention of beneficial elements, and outflow of waste materials from the body are the "6 Essentials" of illness prevention and health promotion. In addition to pharmacology, nutritional treatment, and surgery, Unani medicine also uses herbal, animal, marine, and mineral remedies [21].

3.5 Homeopathy

Homeopathy is a form of medicine that treats patients by applying the principle of "SIMILIA SIMILIBUS CURENTUR," which roughly translates to "Let affection be healed by like." To treat or prevent disease, homeopathy works by boosting the body's natural defenses. According to homeopathy, treatment entails administering very small doses of substances known as remedies that, at bigger doses, would produce the same or similar symptoms of disease in healthy individuals [22].

Each patient receives individualized homeopathic treatment. Homeopathic doctors make their treatment decisions based on a thorough patient photograph that considers not just their symptoms but also their habits, emotions, and mental health, among other factors. In the 17th and 18th centuries, homeopathy flourished in Germany. In India, it is one of the most used methods for treating illnesses.



Hippocrates lived about 400 BC, and doctors first noticed the symptoms that some medications were later used to cure. This research can be utilized to treat a comparable number of symptoms of natural diseases with a homoeopathic traditional cure, which can cause fake symptoms in healthy individuals. Most of the time, a special medication is used, and the dosage is just right to heal the illness [23].

3.6 Yoga and Naturopathy

Naturopathy and yoga are modes of living. Simple natural principles are used in naturopathy. It nudges people to consider their dietary choices and way of life. The list of treatments also includes hydrotherapy, mud packs, baths, massages, and others. The eight pillars of yoga include restraint, austerity, and physical postures, breathing exercises, restraint of the sense organs, reflection, meditation, and samadhi. The idea of reviving these antiquated medical systems is gaining popularity [24].

The Department of Indian Systems of Medicine and Homeopathy was created in 1995 as a separate department under the Ministry of Health and Family Welfare. Creating standards for Ayurvedic, Unani, Siddha, and homoeopathic medications is one of the organization's goals. The creation of effective manufacturing procedures for Ayurvedic drugs is almost complete. The division is exerting great effort. To increase the accessibility of top-notch raw resources, build a database of medicinal plants, and gather information from modern-day Egypt, it was suggested that a medical-plant board be established. In India, there are several ancient, codified medical systems in use, however many of these systems are not completely understood. Folk knowledge on the conventional application of herbal remedies is widely shared among ethicists. However, such medical systems were hampered by prejudice in India throughout the colonial era. Several indigenous medical systems disappeared during the reign, and many more are now restricted to rural areas. Because most practitioners create and dispense their own medications and make significant contributions to addressing healthcare demands, it is challenging to quantify the market size for traditional medicine [25].

4 COMPONENTS THAT IMPACT HEALTH CARE SERVICES

Healthcare providers identified nine significant factors that they believe have an impact on their motivation and, consequently, their sense of fulfilment at work. This included compensation, the environment at work, administrative initiative, hierarchical structures, coworkers, recognition, employer stability, work character, and development opportunities [26]. India's medical care system falls short in three areas that are related to receiving medical care: arrangement, use, and achievement. Having a plan or a list of medical service providers can encourage use and, ultimately, good health.

4.1 Methods by which India's Public Healthcare can change to improve things

- **Budget Allocations**

Despite a little rise in budgetary spending over the past year, India still devotes only 1.1% of its GDP on health, one of the lowest percentages in the world. The national health policy suggests raising the cost center and state combined to 2.5 percent. Additionally, it suggests raising health benefits in state budgets to 8% of the overall budget. Except for Delhi, all nations today have unemployment rates far below 8%. The Union budget also received a small 19% boost after two years of nearly financial support.

The national and national budget allocations for the upcoming year should grow by at least 25%, which would mean that the national health budget would receive Rs 80,000 crore even if purchasing power parity were not considered. But given that it only accounts for around one-third of total government health spending, this would not be sufficient. In order to help countries, reach the suggested goal of 8% in four years, the amount of government health spending must be increased by 1% annually. People also want that most of these larger expenditures would go toward the national health mission and health and wellbeing centers, which aid to increase the accessibility and caliber of primary healthcare. Finally, we hope for sufficient money for the Council's strategic strategy to combat tuberculosis, which is still India's biggest public health hazard.

- **Restoring Confidence**

In 2019, among other places, there will be protests in remembrance of the lack of confidence that exists between the public and doctors, which has resulted in a number of violent crimes against medical professionals. This is the outcome of an excessively developed health care system that features unfavorable incentives, unethical behavior, and rising healthcare expenses. On the plus side, the trust deficit is so severe that it can only get better. 2020 should mark the beginning of a new age marked by more medical compassion and improved patient-doctor communication.

- **Recovery of peace and harmony**

Primary point of contact with society's illness. Peace is the top health requirement, according to the 1986 Ottawa Health Promotion Charter. In 2019, longer curfews, Internet blackouts, and a lack of contact both within India and throughout Kashmir had a negative impact on the emotional and physical health of the Indian population. We wish everyone a year of peace, harmony, and stability as well as longer, healthier lives.

- **Eggs are being introduced into anganwadi centers**

The Comprehensive National Nutrition Survey was first published by the Indian government in 2019. Its findings showed that severe and ongoing malnutrition affects children in all 50 states. The suggested protein source is one problem with this. For instance, anganwadi centers have started to provide eggs in their meals in numerous places. A cheap way to satisfy young children's protein needs is with eggs.



On the other hand, a large number of politicians, activists, and religious leaders opposed the action for ideological and religious reasons. Limiting kids' access to a wholesome, affordable, and long-lasting protein source is bad for their health. By sticking to their original choice to include eggs in anganwadi meals by 2020, officials would hopefully help to feed India's underprivileged youngsters.

- **Safe working environments**

It will be difficult to forget the absurdity of a factory fire that just claimed the lives of 43 workers in Delhi. A Safe in India report published the previous year claimed that thousands of car industry workers lose their hands and fingers while working in Gurgaon facilities. By 2020, we anticipate that all Indian workers will have access to secure working conditions, and those managers and factory owners will be more concerned about the health and safety of their staff.

- **A more concerted effort to combat tuberculosis**

Aside from its fatal and incapacitating consequences on individuals as well as on their friends, families, and communities, tuberculosis also causes people to remain in poverty even after receiving treatment. Our research has revealed that patients in southern Rajasthan have an average debt of Rs 22,000, and the majority of them are compelled to quit working due to the negative impacts of the illness. Even once treatment was resumed, many people were unable to return to full-time job.

Diagnosis of tuberculosis is greatly delayed, especially in impoverished individuals who wait seeking medical attention until symptoms are severe. The care is impersonal and unrealistic as long as India's government is dedicated to offering people-centered care. The continuation of the treatment and its results are also impacted by poor diet. We hope that in the coming year, tuberculosis patients will have access to the ideal combination of dietary, income-generating, and human health chances because they are in such need for this.

- **The importance of primary healthcare centers**

Two waves of infant deaths in hospitals in 2019 the first in Muzaffarpur, Uttar Pradesh, and the second in Kota, Rajasthan shocked the country. The tragedy was only one instance of how, particularly in North India, government institutions that the children had been taken to for treatment are still overworked, understaffed, and of low quality. These studies are merely the tip of the healthcare iceberg.

At the same time, because of the prohibitively high costs and often geographic inaccessibility of private healthcare, these hospitals are the only choice for a sizeable portion of the population. There has never been a bigger demand in India for basic healthcare facilities that provide humane care close to home with an emphasis on early identification and prevention. More of them will significantly improve the population's health outcomes while also lowering the overall need for hospital treatment, reducing the workload for doctors, nurses, lab staff, technicians, and other healthcare workers.

India undoubtedly boasts a sizable number of primary healthcare facilities, but they are still insufficient. None of these institutions in 15 states meet the standards for national public health set forth by the Ministry of Health and Family Welfare, according to a report published last year by the Centre for Policy Research in New Delhi. Since then, the Center asserts that turning 40,000 centers and sub-centers into "health and wellness" centers has enhanced the quality of service provided there. The Ayushman Bharat programme of the government is split into two components. Health and wellness centers are only one part of the Pradhan Mantri Jan Arogya Yojana, which has received more attention and funding. This inequality is not encouraging for the future of Indian healthcare.

Together with the Rajasthani government, the organization runs a primary healthcare facility in the Dungarpur tribal district. The facility manages medical crises, offers outpatient care to around 100 patients daily, conducts a few safe deliveries each month, manages infectious and non-communicable illnesses, and gives women and children in a catchment area of about 25,000 people preventative care. All this costs about Rs 50 lakh annually. They wish that all primary healthcare facilities across the nation offer comparable, respectable care, especially to the most vulnerable.

- **Women and girls have access to care whenever they require it**

In India, discrimination based on gender starts the moment a girl is born. Due to societal and cultural prejudices in favor of male progeny, the biological benefit that female newborns have lower infant mortality rates than male newborns are offset, and as a result, more females than men die in infancy. The long-standing tendency persisted in 2018–19. One instance of bias is when parents or other guardians refuse to bring girls and women to a hospital when they require medical attention. The All-India Institute of Medical Sciences in New Delhi sees a far larger proportion of male patients than female patients. Prejudice starts at birth, as evidenced by the fact that more men than women are admitted to specialist newborn care units across the nation, particularly in Uttar Pradesh.

In southern Rajasthan, where many families frequently refuse to admit women and girls to hospitals, despite the fact that their lives are in danger, we have also come across distressing instances of prejudice in the provision of healthcare for women. By 2020, we want to see fewer infant deaths and an increase in the number of women and girls who, regardless of whether they are accompanied, seek out and receive healthcare when it is necessary. Additionally, we would like to see more initiative on this front from the state and federal governments.



5 CONCLUSIONS

The Indian Systems of Medicine and Homoeopathy include Ayurveda, Siddha, Unani, and Homoeopathy in addition to practices like Yoga and Naturopathy. Some are indigenous, while others have over time assimilated into Indian custom. There are around six lakh practitioners of homoeopathy and the Indian System of Medicine. Many practitioners are well-liked by the public and operate in the private sector in remote rural, urban, and urban neighborhoods. There are several problems with the Indian System of Medicine and Homoeopathy, including a lack of qualified teachers in training institutions and insufficient training; a lack of critical staff, infrastructure, and diagnostic facilities in secondary and tertiary care institutions; the potential of Indian System of Medicine and Homoeopathy medicine and therapeutic modalities is not fully exploited; and the underutilization of existing Indian System of Medicine and Homoeopathy practitioners. The Central Government founded The Indian System of Medicine Department in 1995 to concentrate attention on the advancement and best use of Indian System of Medicine and homoeopathy for public health care. Additionally, 18 states have their own directorates for homoeopathy and the Indian System of Medicine. The Department of Indian System of Medicine and Homoeopathy should, in accordance with the Ninth Plan, develop its infrastructure and human resources, preserve and promote the cultivation of medicinal plants and herbs, finish the pharmacopoeia for all Indian systems of medicine, compile a list of essential medications, promote good manufacturing practices, and ensure quality control.

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