

Integrative Healthcare in India: A Paradigm Shift in Modern Medical Education and Practice of 21st Century

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The famous Canadian physician William Osler once said that *“the good physician treats the disease; the great physician treats the patient who has the disease.”* Integrative health holds the same philosophy by bringing together conventional and complementary approaches in a coordinated care for the whole person (body, mind, spirit) rather than giving a specializing care to a particular organ system. Integrative health can be contrasted with alternative medicine in which a person takes nonconventional treatment *instead* of conventional medicine. According to the Consortium of Academic Health Centers for Integrative Medicine and Health, integrative medicine is defined as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is supported by evidence, utilized all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing (1).”

Integrative healthcare involves active participation of the individual in the healthcare team in application of preventive and therapeutic care. It is based on four philosophies of care including the whole person, personalized, patient-centered care with a focus on wellness (2). This approach to wellness care has emerged due to a surge in the global public interest for traditional, complementary, and integrative medicine (TCIM). Around half of the population in both developed and developing nations use some form of TCIM and thereby, WHO and other countries have strategized research and practical utilization of TCIM (3). The factors that drive integration of integrative health into contemporary healthcare include inadequacy of prevention or treatment, high rates and costs of chronic diseases, increased side effects with aging population, the growing public interest, clinical practice guidelines incorporating integrative health approaches. In a 2017 systematic review showed that over the last 7 years, 45 national cancer institute centers increased offering of complementary

treatments (including acupuncture, meditation, yoga) in their website (4). Benefits of integrative health have been studied in both communicable and noncommunicable diseases (5). For example, in a meta-analysis acupuncture was found effective at decreasing cancer fatigue in treated breast cancer patients (6). On the other hand, medical and surgical interventions in existing healthcare are associated with side effects, high-cost low-value care, lack of patient-centeredness, underlying stress and out of pocket expenses, making it unaffordable for many, often at the expense of imported paraphernalia. Additionally, combined with failed clinical trials in many diseases we call for evidence based indigenous interventions to explore the scientific evidence for integrative health approaches which holds promise for the future of healthcare and medicine. They include investigating clinical quality, safety and efficacy, mechanism of action, and healthcare expenditure. COVID has exposed the vulnerability of contemporary healthcare and hence the importance of health policy to allocate resources towards modules for wellness, lifestyle modification, integrative medical curriculum and associated medical practices that encompass evidence based integrative health approaches.

Despite of the growing interest of integrative medicine among scientific community, there is a lack of adequate education and skills of physicians and other health professionals. It requires integrating the core principles of integrative medicine into research, practice, education, and policy. A paradigm shift in the healthcare in the 21st century is thus the need of hour and that has to be taken starting from designing of an integrative medicine-oriented policy through piloting studies. For example, assessing the impact of incorporating integrative medicine into existing healthcare in terms of number of patients benefitted, work and stress profile of trained healthcare practitioners, implementation barriers and user acceptability and satisfaction.

In addition, an integrative medical education curriculum needs to deploy for healthcare professionals on fundamental understanding of how the interplay of integrative health and modern medicine can lead to optimal health and wellness (7,8). NITI AYOJ study groups are already working towards integrative medicine to be rolled out in India by 2030. This is systematically possible by Post Graduate Institute of Medical Education and Research (PGIMER), Chandigarh being the flag bearer of installing such a research based Integrative health department which caters to delivery of evidence based holistic approach towards disease management such that healthcare becomes more personalized, affordable, equitable and auditable. Integrative health can be integrated into current medical under graduation and postgraduation courses where core elements of integrative healthcare are embedded into medical training and practices much like China has done. PGIMER, being an institute of national importance, can be a pioneer of the integrative medical educational and practicing model with a distinct administrative and academic structure. This model can work as a recipe for other medical institutions toward developing a national integrative healthcare.

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