

Are we at the crossroads for integrative medicine?

The recent turn of events during the pandemic of 2020 has brought different systems of medicine closer, with governments recommending or people preferring a combined or integrated approach to either prevent themselves from COVID-19, or for its treatment.^[1] As more effective conventional treatments for COVID-19 become available, and as primary prevention with a vaccine is developed, integrative approaches are likely to remain critically important in re-establishing well-being. Integrative medicine (IM) is defined as healing-oriented medicine that takes account of the whole person, including all aspects of lifestyle. It emphasises the therapeutic relationship between practitioner and patient, is informed by evidence and makes use of all appropriate therapies.^[2] To be explicit, IM is a larger paradigm that includes conventional approaches. According to the WHO, Traditional and Complementary Medicine (T&CM) is an important and often underestimated health resource with many applications, especially in the prevention and management of lifestyle-related chronic diseases, and in meeting the health needs of ageing populations. Given the unique health challenges of the 21st century, interest in T&CM is undergoing a revival. Homoeopathy is an integral and widely used form of T&CM. A WHO report reveals that Homoeopathy is one of the most common forms of practice used by the Member States of WHO.^[3]

The idea behind IM is to change the focus in medicine to one of health and healing rather than disease; not limited only to additional clinical benefits but also to improve quality of life. This involves understanding biomedicine in terms of the influence of illness on the mind, spirit, as well as the body. It entails developing insight into the patient's culture, beliefs and lifestyle that will help the provider understand how best to trigger the necessary changes in behaviour that will result in improved health and thus bring more value to health-care delivery. This will create acceptance for strength of treatment approaches and respectfulness towards holistic medicine with needful cross referrals among different systems of medicine. In the textbook 'Integrative medicine' (2012), Rakel and Weil discuss how IM can increase value and lower costs through two of its foundational values: (1) by shifting the emphasis of healthcare to health promotion, disease prevention and enhanced resiliency through attention to lifestyle behaviours; and (2) by bringing low-tech, less expensive interventions into the mainstream that preserve or improve health outcomes. This approach requires that these professionals have time to recognise the complexity of someone's life, and it cannot be done without a sound commitment to the practitioner-patient relationship.^[4]

In India, IM is promoted by the Government of India, but with constant emphasis on validating the systems of medicine

used for such integration. In the Indian health-care system, the representation of Homoeopathy is fairly noticeable.^[5] The Ministry of AYUSH, formed in 2014, not only supports, but also mandates gathering evidence basis for facilitating integration of AYUSH systems (Ayurveda, Yoga, Unani, Siddha, Sowa Rigpa and Homoeopathy) at all points of public health-care delivery. Co-location with allopathy set ups has been enabled, and more such co-locations are expected in near future, with more funds diverted to this cause.^[6] There has been a voice from health planners too for such inclusion-based approach.^[7]

A quick search on Google or Research Gate will tell you how the post-COVID era is going to be more integrated, in terms of healthcare. However, whether or not Homoeopathy would be able to make a good fit, globally, in this integration model is a question we must ask ourselves. If you think the answer is in affirmative, the time to act is 'now' more than ever. Evidence basis for such successful integrations has to be penned, peer-reviewed and published. If we are working towards this, 'Homoeopathy' could make not only a decent entry into the 'new normal' of integrated healthcare, but an impressionable one.

This issue's content consists of exhaustive original research articles, case reports, review articles, etc. A randomised controlled trial in which anti-inflammatory activity of *Hypericum perforatum* Q was assessed and was found effective in reducing gingival inflammation compared to saline as a mouthwash.^[8] This study is another small, but steady step towards IM.

Another observational study is presented in which the effect of individualised Homoeopathy on clinical condition and hormonal profile in women suffering from polycystic ovarian syndrome is evaluated.^[9] An *in vitro* study of homoeopathic preparation of *Hydrangea arborescens*, as an inhibitor of calcium oxalate crystallisation shows its usefulness for renal calculi.^[10] Such studies validate the clinical effects observed in practice. A discussion article presents an overview of the active principle in potentised medicines.^[11]

The pre-clinical updates of the homoeopathic medicines used in diabetes have been described in a narrative review.^[12] Three evidence-based case reports are also presented in this issue showing the usefulness of Homoeopathy in clinical conditions like acute mania episode, ranula and co-morbid diabetes mellitus.^[13-15]

A book review of 'Evidence Based Research of Homoeopathy in Dermatology' is also contained in this issue.^[16]

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Anil Khurana

Director General, CCRH

E-mail: anil23101961@gmail.com

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