

Multimodal Therapy: Holistic Approach

Introduction

Evolution of complementary and alternative medicine (CAM) has taken many interesting turns. In the latest effort to integrate CAM with allopathic medicine (AM), multimodal therapy is being introduced to cater to the needs of both patients and CAM specialists. As educators and healthcare professionals, we are concerned with public health policies and issues that are addressed by the guidelines. We may say public health constitutes policies and programs to “protect, promote, and restore people’s health and its determinants.”^[1] The stakeholders are the public whereas the providers of the services could be government, private, and individual healthcare professionals. Thus, providing public health services are a multimodal, multispecialist activity.

Public Health versus HealthCare

“The latest edition of the authoritative A Dictionary of Epidemiology defines public health as the ‘specific policies, services, programs, and other essential efforts agreed (ideally, and often, democratically), organized, structured, financed, monitored, and evaluated by society to collectively protect, promote, and restore the people’s health and its determinants.’ We include the excellent inputs of both private and public institutions along with professionals all of whom work to prevent disease and disability, prolong life, and promote health through the organized and collective efforts of society.” [1, p. 1]

Thus, the public health should address both preventive and curative aspects of healthcare delivery. While curative aspects – especially trauma care – are of importance and are effectively catered by AM, prevention, and long-term support care are not well-worked out. The support and targeted inputs from CAM are of importance in the area of prevention. For example, yoga is an excellent preventive measure when applied appropriately. Further, at present, there is evidence base for applying components of yoga as prevention and as support procedure for trauma reduction, health promotion, and rehabilitation (as reported in many papers in this journal itself).

Multimodality from Indian Perspective

Any therapy should address all aspects of human existence. Initially, modern medicine was concerned with body mechanics, namely treating individual organs as though they were set in the body without any interaction with other organs. Later, especially in the last 50 or so years, the role of the mind is recognized in health and disease. Further, social and spiritual aspects of a person are also integrated to bring back the person to a stable, homeostatic state.

However, these were introduced mostly as components of the mind-body dyad. A comprehensive model of humans is available both in Ayurveda and yoga literature. These models define life; they also propose a five-layer model of humans, wherein the pentad of body-prana-mind-knowledge-spirit forms complex interacting entities providing health to a person. The dynamism of these entities forms not only mind-body balance but also gives the person meaning and goal to meet many life’s challenges.

In the above pentad of human constitution, the subtle energy of prana strides and connects body and mind. Thus, by controlling prana, we could control the nebulous connection between the body and mind. Hence, pranayama is important in all practices of yoga. Beyond mind is knowledge which constitutes understanding the nature of existence and the role one needs to play to further social and global amity and peace. Every action of every individual imprints an indelible impression in the subtle environment. Finally, the fifth aspect, namely spiritual understanding and maturity are also required for good health and happiness.

In many developing economies – such as countries in Asia, Africa, and the Americas – local practices and beliefs play a major role in the psychophysiology of health and illness. Some prefer to call these practices traditional, complementary, and alternative systems of medicine (TCAM).^[2] Here, we try to integrate all the diverse and ethnobiosocial aspects of medical practices. Unfortunately, in most discussions of TCAM (or, the more popular variant, CAM), the dominant and powerful force of AM is not included in the study. This separation polarizes the medical scenario with detrimental outcome to patients. Further, as the authors say, “A pluralistic medical society, while offering patients greater options, bears tensions related to the coexistence of philosophically disparate disciplines, with unaligned notions of evidence and efficacy, and the ethical and operational challenges of the administration of a plural workforce.”^[2, p. 2] Thus, there seem to be insurmountable difficulties in philosophy, postulates, and practice of these diverse systems.

In a recent paper,^[3] the author analyzes two major limitations of AM as follows: maturity and incompleteness. From this viewpoint, AM is considered an incomplete system for the explanation of living matter. Therefore, through appropriate integration with other medical systems, in particular nonconventional approaches, its knowledge base could be widened. This article presents possible models of integration of AM with homeopathy, the latter being viewed as a representative of CAM. Any medical system is classified into three levels through which it is

possible to distinguish the uniqueness of that system as follows: epistemological (first level), theoretical (second level), and operational (third level). These levels are based on the characterization of any medical system according to, respectively, a reference paradigm, a theory on the functioning of living matter, and clinical practice. These three levels are consistent and closely consequential in the sense that theory derives from epistemology and theory drives clinical practice. We need to apply these functional aspects of each system while providing a multimodal regimen to the people.

Is it possible to provide primary healthcare through TCAM catering to the most common disorders and integrate the strength of AM in trauma care whenever necessary? A recent book takes up the challenge of providing the well-intended “healthcare for all” idea with specific reference to the Indian scene.^[4] The book concentrates on the healthcare policies that could revitalize healthcare delivery with Ayurveda taking the center stage. The last part of the book is an important one; it provides specific policy recommendations based on earlier chapters to provide primary and secondary care through the introduction of Indian Systems of Medicine (ISM). Ayurvedic interventions in public health, women and child health, institutional initiatives to achieve these objectives, revamping education, research in ISM, initiatives in ayurvedic drugs, and pharmacopeia are all presented in detail. It is important policymakers and public listen to the proposals presented in this book with specific examples of preventive and promoting health aspects with simple ayurvedic supplements. Field trials have provided much-needed proof for implementing these ideas as the first level of health promotion in rural areas.

Conclusion

Integrating diverse systems of medicines with assorted methods of recognition and treatment of diseases is not an easy task. Education seems to be the first prerequisite for such integration. Both modern medicine and TCAM should have the same foundational courses. This should be continued with understanding the models under which each system works and the strength of each system. If 80% of disorders have origin in lifestyle and stress, the first line of therapy should be to address these problems, and not prescribe drugs that affect the biochemistry of the entire body. Further, it is argued – and rightly so – that a common platform should be built for integrating diverse TCAM areas into a single comprehensive one. The authors

say: “This will require systematic efforts to re-design professional medical education by offering a single common undergraduate medical degree in AYUSH by giving minimum required allopathic medical education on par with present curriculum.”^[5]

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Conflicts of interest

There are no conflicts of interest.

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