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HOLISTIC APPROACH TO HEALTH: CURRENT SCENARIO

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ABSTRACT

Holistic health care is perceived to be good, both morally and practically but it is difficult to find either any clear enunciation of what constitutes holistic healthcare, or any clear explanation of its practical utility. The current understanding of illness is, in contrast, linear and reductionist. It assumes that all illness starts with a disorder within the body causing bodily symptoms that lead on to disability and restrictions on social life. The term itself does not signify what those factors are or how they are classified. The word holistic is also used to suggest a morally better and often an alternative non-allopathic treatment approach to illness. Illness is then shown to be a socially determined state whereby the patient may initiate being ill but it requires others, usually healthcare professionals to validate illness before it is fully accepted. This review demonstrates that this model is flawed in several ways: the underlying assumptions are false, it cannot explain functional (so-called non-organic) illnesses which are common, and it does not lead to well-managed healthcare systems. The biopsychosocial approach to illness is then explored,. The model is expanded to recognise four systems centred on the person – organs, the whole person, behaviour, and social role function – and four contextual factors that influence these systems – personal factors, physical environment, social environment, and time. The new model also draws attention to two important components of any holistic model of health, choice (free-will) and quality of life. The implications of the holistic model of health care both for clinical care and for the management of healthcare systems are then discussed, emphasizing the complex nature of healthcare and the social aspects of illness. The important overall

conclusion from this paper is that health and illness should be seen as socially construed states that involve a whole person in their own context in the current scenario.

INTRODUCTION

The world is going through an unprecedented and extraordinary scenario. Unprecedented because ill health is increasingly becoming major problem and a fact of life and many diseases are vying with each other to take tope slot as formidable health hazard. Extraordinary because with all the technological advances, the large body of the knowledge available about the human biology and the great stride made in taking care of the illness of the humanity, there seems to increasing level of challenges ahead the significance limitations at head. Extensive research input from disciplines ranging from the physics, chemistry, biology, biochemistry, pharmacology, and engineering to mathematics, from the backbone of the medical sciences with in terms of understanding as well as diagnosis and treatment of diseases. But despite huge amount of money spent on medical research, not only have a number of diseases increase in prevalence but some diseases also defy the state of art of diagnosis and treatment.[1, 2] On the other hand, if one looks at the health scenario in India, one find that in the not too distant past, India were leading healthy life style and were health literate.[3,4] The then prevalent medical system like were handling effectively.[3, 4, 5]

Holistic health care is perceived to be good, both morally and practically but it is difficult to find either any clear enunciation of what constitutes holistic healthcare, or any clear explanation of its practical utility. Almost all healthcare practitioners would now claim to practice holistic healthcare. This applies not only to the United Kingdom's National Health Service (NHS) and traditional healthcare professions but to almost all practitioners of alternative health care. Indeed no-one would admit or agree that their personal, professional or organisational practice was not holistic. The concept of holism was a part of a development in thinking in the twentieth century that led on to General Systems Theory[6] and later to theories of complexity and chaos. These theories are especially relevant in health care where the importance of complexity (as a mathematical phenomenon) increasingly recognized.[7,8,9]

Holistic medicine was a phrase first used in 1960 by F H Hoffman[10] who wrote about" concern with teaching about the whole man –'holistic' or comprehensive medicine". This implies that holistic is synonymous with 'comprehensive' but he gave no further definition. A later article by R W Menninger was a little more explicit: "holistic medicine that integrates

knowledge of the body, the mind, and the environment".[11] Holistic healthcare refers to an approach to analysing illness and providing healthcare that acknowledges and responds to all factors relevant to the health (or illness) of a person. The term itself does not signify what those factors are or how they are classified. The word holistic is also used to suggest a morally better and often an alternative non-allopathic treatment approach to illness.

In people with complex or long-term conditions effective management will usually require many interventions delivered by different organisations, including those outside normal healthcare, over a long time. This requires a new approach to the management of healthcare systems. This new model is one of the first explicit descriptions of an approach to holistic healthcare; it can certainly be improved in the present scenario.

Models of illness

A holistic approach to illness depends crucially upon using a model of illness that includes all the relevant components or factors. In the context of health and illness a model will.

- ✓ Specify what factors are of importance in determining whether a person is ill (and conversely, by implication, what factors are not relevant)
- ✓ Specify the nature of the interrelationships between these factors and being ill.

Further, a holistic model of illness will be one that:

- ✓ Identifies all the major factors relevant to the causation and understanding of illness
- ✓ Predicts or explains observed interrelationships and other phenomena concerning illness
- ✓ Acknowledges explicitly the perceptions and experiences of the ill person (i.e. be person-centered).

Measuring the degree of holism underlying a professional or organisational approach requires a comparison between the particular model or theoretical basis used by the profession or organisation and the standard holistic model of illness. This obviously depends upon the organisation explicitly formulating the theoretical basis of its practice. In the absence of any acknowledged basis for the important political and practical decisions made by large healthcare management organisations, one must assume that the people responsible for decisions simply use the current, culturally dominant model.

Current model of illness

Therefore we now need to review the assumptions made by most people concerning illness, so that we can deduce the model underlying most healthcare decisions both at the level of

organisations and at the level of individual clinical decisions. The first and perhaps most fundamental assumption made by most people is that all illness in an individual can be traced back to some specific, usually single disorder of a part of the body of the patient. This is termed the disease; it refers to some distinct abnormality in structure and/or function of a single organ or organ-system. It is also known as the pathology. The disorder is assumed to be within the body.

The biomedical model of illness

These assumptions form the basis of the current dominant model of illness. This is best termed the biomedical model[12], sometimes referred to disparagingly as "the medical model". It is in fact difficult to find an agreed definition or description of the biomedical model this model.[13] It arises from the scientific method of investigation which simplifies and reduces complexity, looking for direct cause and effect relationships. The biomedical model assumes linear unidirectional relationships and does not directly acknowledge complexity (non-linear or bi- directional relationships).

Biopsychosocial models of illness.

The need for a better model of illness was recognised at least 30 years ago when George Engel challenged healthcare practitioners about their use of the biomedical model. He suggested oving towards the biopsychosocial approach, so named because it recognised the importance of iological factors, psychological factors and social factors.[14] He also introduced the that General Systems Theory should be applied to illness.

A holistic model of illness

I am now going to present a holistic model of illness that is based on and derived from the WHO ICF classification of the consequences of disease. I will refer to this as an expanded WHO ICF model of illness. Throughout the description I will simply refer to the person, because the model should encompass and be applicable to all people, whether or not they are ill at the time.

The Healthcare

Healthcare is best considered as a problem solving process, with different parts of the healthcare system focusing on different aspects of illness and sometimes, possibly, having different goals. However all healthcare processes will have the following general structure. The amount of effort devoted to each stage will vary according to the situation and setting.

First step. The first step is for the patient to present to the healthcare system. Usually this will be initiated by the person. In two circumstances this is not the case. If the person falls ill suddenly and loses the power or ability to seek help, others may need to do initiate healthcare involvement.

Second step. if the person's illness is such that they are unaware of their abnormal state, for emotional, cognitive or delusional reasons then someone else may initiate contact. It must also be recognised that others may sometimes refer a person who has no illness to the healthcare system simply because they do not like or understand their behaviour or choices.The second step is for the healthcare system to collect information to establish.

• That there is indeed any problem present that is appropriate to healthcare
• What other health problems exist
• Information needed to identify the cause(s) of the situation
• Information needed to identify the best treatment(s)

Third step. Third step is to use the data collected formulate the case, specifying the nature and extent of the problem(s) and the causes and factors relevant to management and resolution of the problem. In practice these two steps (data collection, and formulation of the situation) occur in tandem, and experienced professionals collect data to confirm or refute initial hypotheses.

The fourth step. The fourth step is to use the information to set management goals. The potential goals fall into one or more of the following three categories.

• **Providing support.** Support is defined as interventions needed to maintain life, safety and wellbeing. In some situations support may be long-term (e.g. someone who needs long-term ventilation or someone who needs long-term nursing care). In principle support does not lead to sustained change; as soon as it is withdrawn the situation deteriorates.

• **Undertaking treatments.** Treatments are defined as interventions that are intended to alter the natural history of a condition. In principle treatments are limited in time and one expects the achieved change to be maintained upon withdrawal of the intervention.

• **Collecting more data.** This may be needed to improve the analysis and understanding of the situation. Goal setting is rarely done explicitly in acute settings, but it is certainly implied. However it is vital in rehabilitation where it is usual to set long-, medium, and short-term

goals both to help motivate and engage the patient and to help structure and organise the many actions needed. Thus, in complex cases at least, an important component of the fourth step is to organise the many actions needed. This may require collaboration between many different people, professions and organisations.

Fifth Step is for the planned actions to occur. These actions, especially treatments are often considered the main part of the health care process. Indeed in 'item of service' payment systems, the payment is generated by the specific treatment even if there are many preceding actions, concurrent actions and subsequent actions. This is fair only in the rare situations where variation around the pathway leading up to and following on after the treatment event (usually an operation) is small.

Sixth step the situation is re-evaluated to determine whether:

• treatment goals have been met

• further problems needing more action have been identified

• any problems remain needing treatment

• longer term support needs, if any, have been identified and plans made to meet these needs

If unresolved problems remain, the cycle reiterates.

Seventh step, if no further problems remain to be resolved by the particular part of the healthcare system, is for the patient's care to be transferred away from that system.

Role Traditional System in Health Care

Traditional Medicine (TM) embraces the ways of protecting and restoring health that existed before the arrival of orthodox medicine (OM) (World Health Organisation [WHO], 2001).[15] WHO therefore defines TM as diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as to treat, diagnose or prevent illness[16,17,18] in his study on impacts of TM in the health care delivery services in Ghana argues that TM involves the use by the folk population primarily of unorthodox and unscientific method for curative and prevention of diseases. It has been debated whether the word "traditional" should be used at all, as it implies some degree of stagnancy or backwardness. TM is assuming greater importance in the primary health care of individuals and communities in many developing countries (Peltzer and Mngqundaniso,). These approaches to health care belong to the traditions of each culture, and have been

handed down from generation to generation (WHO, 1996). China and India, for example, have developed very sophisticated contemporary and alternative medicine systems such as acupuncture and ayurvedic for decades.[19, 20, 21] In fact, TM reflects the socio-religious structure of indigenous societies from which it developed, together with the values, behaviours and practices within their communities. TM ultimately aims at restoring the physical, mental and social wellbeing of the patient, through alternative health care delivery to the orthodox medical system. The development of the system should not end up in political polemics. Real, concrete and iterative action should follow the recognition of the contribution of TM to the health care of the people.

Ayurveda and Yoga are evolved from the same ancient Vedic philosophy and culture and share a common understanding of health and disease (the Tridosha hypothesis). Placing emphasis on the psychospiritual aspect of life rather than the physical aspect, Yoga as science aims link the individual self to the universal self. Ayurveda promotes Yogic exercises, which, in contrast to the modern-day stamina and bodybuilding exercises, stress lightness, firmness, flexibility, and versatility to bend, extend, and stretch. Physical fitness from the Ayurvedic-Yogic viewpoint is the capacity to withstand heat, cold, hunger, thirst, and fatigue. Yoga increases the qualities of Sattva, while reducing Rajas and Tamas (see earlier). Strict adherence to diet (Yama) and behavior (Niyama) is fundamental to the performance of Yoga. The practice of yoga in the Indian subcontinent has been documented as early as 3000 B.C. The word yoga comes from the same Sanskrit root as the word for yoke; it implies harnessing oneself to a discipline or a way of life. This technique has a universal appeal in that it is not associated with religious faith, and it is considered a technique of personal development. Yoga includes meditation, relaxation, control of breathing, and various physical postures (asanas). Regular practice of yoga establishes natural harmony and functional balance between various organ systems, leading to better health and a feeling of well-being. Yoga exercises strengthen and increase tone of weak muscles and help with conscious control over autonomic functions of the body. Yoga postures, called asanas, help with developing correct breathing patterns, bowel habits, and regular sleeping patterns. It teaches the art of relaxation, relieving muscular and nervous tension and leads to increased energy. Yoga as therapy takes a holistic approach considering each person as an individual. In situations in which disease is established, yoga is performed only as an adjunct to medical treatment. To practice yoga safely and effectively, learning yoga with a trained professional is necessary. Yogic exercises

are not limited use with disease states. They are highly recommended for healthy individuals as well.

In India, the Arabs introduced the Unani system of medicine and soon it caught the attention of the masses. The Delhi Sultans, the Khiljis, the Tuglaqs and the Mughal emperors provided state patronage to the scholars. This was a golden period of the Unani medicine as it virtually spread all over the country finding immediate favor with the people at large. The Unani system of medicine emphasizes on diagnosing a disease through Nabz (pulse), Baul (wine), Baraz (stool), etc. Besides, it gives due importance to the surroundings and the ecological conditions on the state of health of humans. The six essential prerequisites (called Asbab-e-Sitta Zarooriya) for the prevention of diseases in the Unani system are air, food and drinks, bodily movement and response, psychic movement and response, sleep and wakefulness, and excretion and retention. Various types of treatment are employed in Unani system. These include regimental therapy (Ilaj-bit-Tadbeer), dietotherapy (Ilaj-bit-ghiza), pharmacotherapy (Ilaj-bit-Dawa) and surgery (Jarahat). The regimental therapy comprises venesection, cupping, diaphoresis, diuresis, Turkish bath, massage, cauterization, purging, emesis, exercise, leeching, etc, Dietotherapy tries to treat certain ailments by administration of specific diets or by regulating the quantity and quality of food. Pharmacotherapy deals with the use of naturally occurring drugs, mostly herbal, though drugs of animal and mineral origin are also used.

CONCLUSION

A systematic holistic approach to illness and healthcare can help in the understanding and management of the problems faced by individual patients. It emphasises that in most illnesses there are many factors that may contribute to the person's experience and that may be amenable to change when helping the ill person. It also predicts that in some people illness may arise without any disorder within the person; these are functional illnesses. It emphasises that most people with complex and/or long-term conditions will need multiple interventions from many professions working for different organisations delivered over long periods if we are to achieve the best outcomes. This holistic model also suggests why and how the current problems in the healthcare system arise. It suggests that a competitive, market-driven system based on episodes of care and/or single specific actions is inevitably going to deliver worse health care; this prediction is amply demonstrated by the health care experiences in the United States. The holistic healthcare model put forward here is, as far as I know, the first

one to be defined and published. It undoubtedly can be improved. However progress and improvement will only occur through defining and publishing the theoretical models that underlie healthcare. Ayurveda , unani and yoga practice continues today to treat human diseases and provides positive health benefits to the people. Considering the widespread use and popularity of traditional holistic approach, proper tandardization and validation method are being developed for promoting Ayurvedic Homeopathic and unani drugs..

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