

Fixing Our Inverted Public Health Pyramid By Art And Science Of Living: Homoeopathy

Dr. Priyanka Bhatt¹, Dr. Rinku Bishwas², Dr. Dibyansh kumar singh Chauhan³, Dr. Brijesh kumar Tiwari⁴, Dr. Soni Gupta⁵, Dr. Pankaj kumar Pandey⁶

¹B.H.M.S.,M.D.(HOM),Ph.D(Hom.)(Scholar),Assistant Professor -Department of Community, Medicine - National Homoeopathic Medical College and Hospital, Lucknow, U.P., India

²B.H.M.S.,M.D.(Hom),Ph.D(Hom.)(Scholar), H.O.D. and Professor-Department of Pathology & Microbiology, State Lalbahadur shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj

³B.H.M.S.,M.D.(Hom),Ph.D (Hom.) Professor- Department of Forensic Medicine and Toxicology Sri Ganganagar Homoeopathic Medical College,Hospital and Research Institute,Tantia University,Sri Ganganagar,Rajasthan

⁴B.H.M.S.,M.D.(Hom),Ph.D(Hom.)(Scholar),Senior Resident-Dr.B.R.Sur Homoeopathic Medical college ,Hospital and Research Center,Nanak pura,Moti bagh (west),New Delhi

⁵B.H.M.S.,M.D.(Hom) Assistant Professor-Department of Materia Medica, State Lalbahadur shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj

⁶B.H.M.S.,M.D.(Hom),Ph.D(Hom.) Assistant Professor-Department of Anatomy, State Lalbahadur shastri Homoeopathic Medical College and Hospital, Shantipuram, Prayagraj

***Corresponding Author: Dr. Priyanka Bhatt**

B.H.M.S., M.D. (HOM), Ph.D (Hom.)(Scholar) Assistant Professor-Department of Community, Medicine - National Homoeopathic Medical College and Hospital, Lucknow, U.P., India, Holysoul311@yahoo.co.in

Abstract:

"The catch in our breath when we are startled, the tension in our guts when we are worried, the exhaustion we feel from our anxiety, are all as much a part of our illnesses as are the bacteria & viruses which attack us and can, in fact be just as debilitating, just as deadly."Life is full of ironies, esp. in the realm of health. It is often difficult to predict which person will become sick & which one will remain healthy. Life can be stressful. Everyone faces a different mix of demands & adjustments in life & any of us may breakdown, if the going gets tough enough.

Keywords:*inverted, Health pyramid, Demographic, Epidemic, Survey, Urban Inequality*

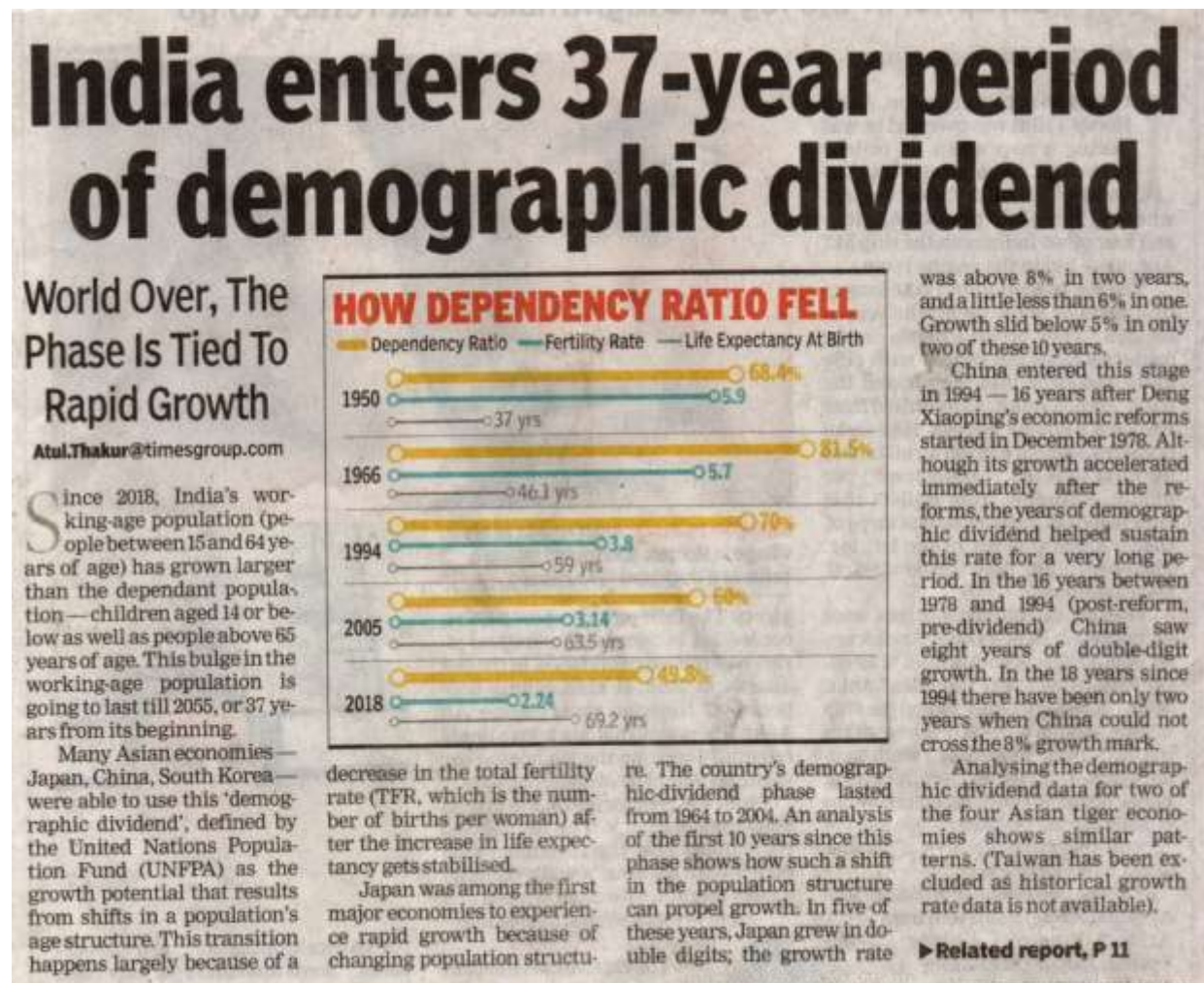
MEODS AND MATERIALS

1. Times of India News Paper
2. OPD Pandit Jawahar Lal Nehru Homeopathic Medical College and Hospital, Kanpur.
3. Community Health Survey and Visits.
4. "Ayush Apke Dwar" health checkup camps.
5. School health and family visits.

AIMS AND OBJECTIVES

1. To evaluate the access, service delivery and qualitative strong foundation of **health and wellness centers** (HWC) i.e. "First point of contact centers".
2. To specify innovative interventions and concerted efforts towards :-
 - (a) Plugging the **rural –urban inequality**.
 - (b) **Skewed doctor –patient ratio**.

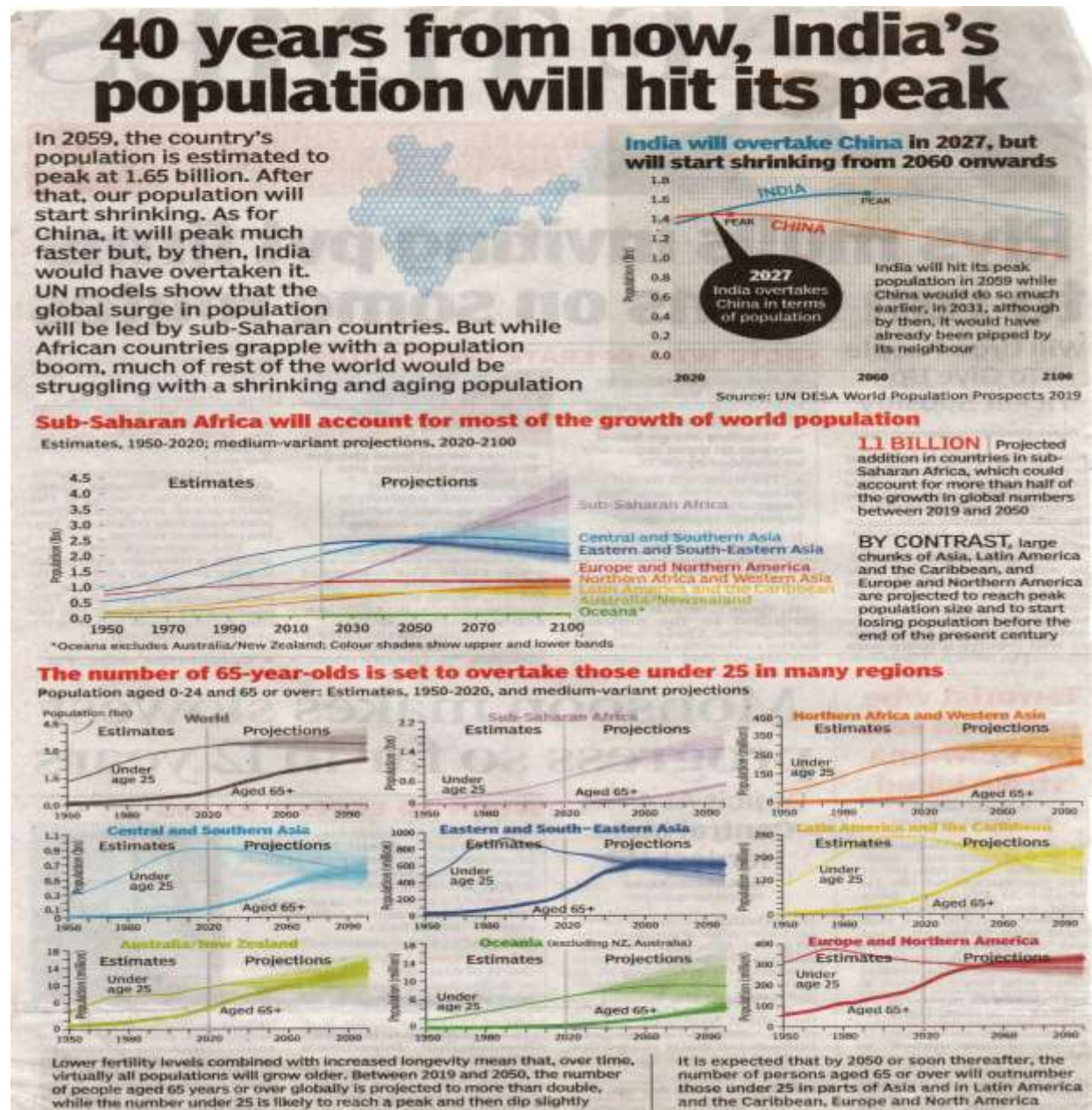
3. To design a prophylaxis in order to improve India's health care system by rationally collaborating the PPP model (Public Private Partnership Model)



"TODAY'S STRESS CAN BE TOMORROW'S VULNERABILITY"

People are not disturbed by situations per se, but by the ways they appraise and react to situations. In stress, a demand exceeds a person's coping abilities, resulting in reactions such as disturbances of cognition, emotion & behavior that can adversely affect well-being. **Trauma freezes people in time. Years after a trauma is over, people are still living it.**

Every day we see seeds sprouting, flowers blooming, fruits ripening but we do not want to think how it happens. There is a power that does this



work; it's the all-pervading power of divine love. Now, the time has come to feel this power through the instrument within us. This instrument has no use unless it is connected to the supreme divine power. We don't know our potential, our beauty; however once the connection with the supreme power is established, we will be surprised at the dynamic results. Human awareness can be developed to a higher dimension through this art of healing and it is becoming, **evolving**...

Community medicine is the beating heart of the medical fraternity. New millennium has given wealth of study matter yet it is best taught practically in community than theory.

Medicine is in a state of flux and the physicians to a great extent are prisoners of the drug manufacturers; the time is ripe for a change in the quality of medical services now being furnished to the citizens of our country. So I plead to you in plain words – get off your stern & begin to make the substantial change!

Kerala is India's healthiest state; UP, Odisha worst: Niti

Haryana, Raj Improve Most In Health Index
Sushmi.Dey@timesgroup.com

ANDHRA, MAHA IN TOP 3; BIHAR SLIDES

HEALTHIEST STATES

- Kerala
- Andhra Pradesh
- Maharashtra

MOST IMPROVED

- Haryana
- Rajasthan
- Jharkhand

WORST PERFORMERS

- Uttar Pradesh
- Odisha
- Bihar

SMALL STATES

- Best : Mizoram

MOST IMPROVED

- Tripura
- Manipur

garh ranked first in overall performance, while Dadra and Nagar Haveli improved the most.

Among the top ten performers, seven states have improved in overall performance scores (Andhra Pradesh, Maharashtra, Gujarat, Himachal Pradesh, Jammu & Kashmir, Karnataka and Telangana). However, among the six least performing states (Uttar Pradesh, Bihar, Odisha, Madhya Pradesh, Uttarakhand, and Rajasthan), all saw decline in overall performance scores with the exception of Rajasthan, which improved by 6.3 points.

Among the eight empowered action group (EAG) states, only three — Rajasthan, Jharkhand and Chhattisgarh — showed improvement in overall performance during the period.

➤ **Development levels, P 9**

The last few decades have been an extraordinary period of change and growth in terms of clinical provision of medical care in India. We see here some of the very best tertiary care in the world, to some extent even primary care. On the research side, however, India has a very long way to go. That's partially because there hasn't been a strong tradition & culture of research here. Funding, support & training of young researchers are lacking. Comparatively, China is making rapid investment in research. The right way to focus on medical care is prevention. But if prevention is medicalised, it is just being used as another opportunity for the sale, that seems to be a big worry. For Instance:

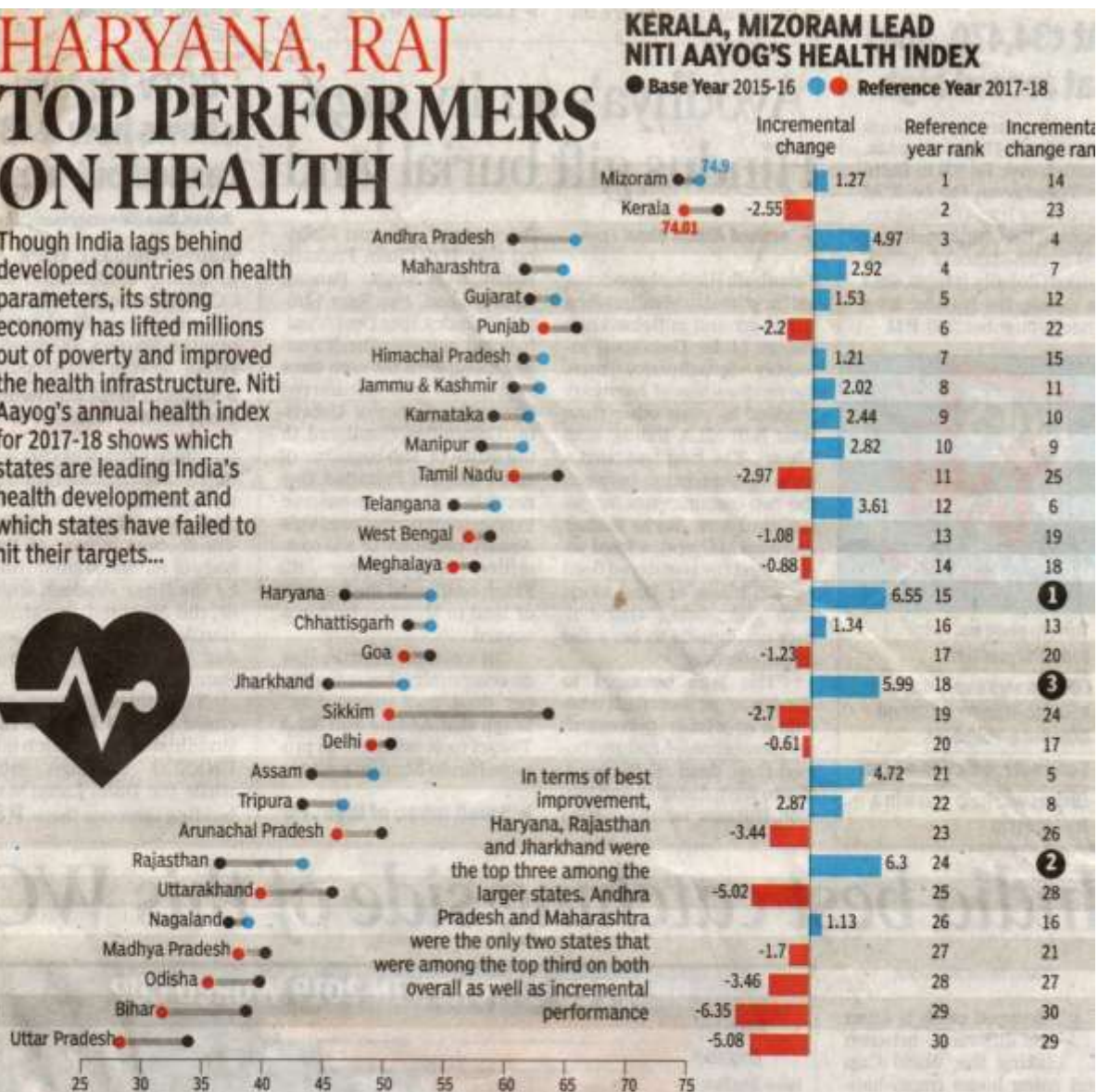
1. Diabetes is an epidemic. Incidence has been going up across the country. We all know one of the important reasons is lifestyle including diet. eg, a combination of western diet & Indian food is wreaking havoc. The answer is not medication; it is prevention. So more research should focus on a healthy diet, directing Government Policy to reduce obesity, rather than medicines.
2. The number of people with non alcoholic fatty liver disease is going up. It's a new epidemic. A diet to reduce refined carbs and certain fats will reverse the condition, but currently a number of drugs are being taken through the licensing process. We will be wasting precious funds on pills rather than prevention.



India's current public health set-up is often traced to the Bhore committee of 1946. The committee's continued relevance signifies its foresight, and our inability to achieve its recommendations. For instance, it recommended setting up 75-bedded hospitals for a population of 10,000 to 20,000. The bed to population ratio, 70 years later, is 9 per 10,000. The three-tiered government health centre model that forms the core of the **National Health Mission (NHM)**, has evolved from the committee's recommendations. There is a base of sub-centers (SC; covering 3,000 to 5,000 people) and primary health centers (PHC; covering 20,000 to 30,000 people) which are the first points of contact for the patient with the government health system. These centers are capable of a basic set of services, which includes conducting normal (vaginal) deliveries. If the patient's needs are beyond the services available, she is referred to a higher centre which houses specialists. These community health centers (CHC) cover 80,000 to 1,20,000 people, and have a physician, a gynecologist, a surgeon, and a pediatrician. For even more complicated procedures and diseases, the patient is further referred to district hospitals (DH; also called tertiary centers). This system of graded care with referral linkages helps to bring health and medical care close to a patient's home and ensures timely treatment.

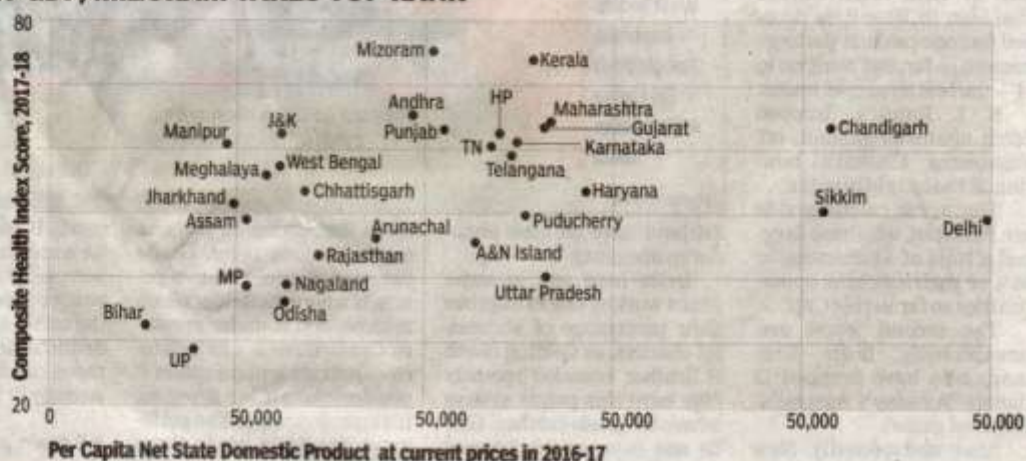
HARYANA, RAJ TOP PERFORMERS ON HEALTH

Though India lags behind developed countries on health parameters, its strong economy has lifted millions out of poverty and improved the health infrastructure. Niti Aayog's annual health index for 2017-18 shows which states are leading India's health development and which states have failed to hit their targets...



DESPITE LOW GDP, MIZORAM TAKES TOP RANK

Although the economically better-placed states were also the ones with better health outcomes, a few states with a relatively low level of economic development performed well, like J&K, Manipur, Mizoram, Andhra and Punjab



The network of this infrastructure comprises 1.5 lakh SC, 25,000 PHC, 5,600 CHC and 760 DH. This still falls short of the population norms mentioned above, by 19-30%. While the brick-and-mortar gap should be plugged, it is worthwhile to take stock of whether these 2 lakh institutions are working efficiently. If they were, our **Public Health Pyramid** would not currently be balancing on its tip.

Studies show that more than 50% of patients at tertiary centers are only in need of primary care. One can also use this inverted pyramid to partially explain why so many patients choose to visit quacks, euphemistically referred to as rural medical practitioners (abbreviated as RMP, which is also the abbreviation for legitimate medical doctors: registered medical practitioners). The latest round of **National Family Health Survey 2015-16** which had a sample of 5.7 lakh households, shows that the most common reasons for non-availing of services at government health centers are poor quality of services, no nearby health facility, and long waiting lines. To address these issues:



Firstly, the public healthcare system in India needs to build a reputation for credibility. SCs are being transformed to health and wellness centers (HWCs) under the **Ayushman Bharat Program**. This transformation will entail a reorientation of SC from beyond the historic focus on reproductive and child health (deliveries, immunisation, childhood diarrhea and pneumonia) to include non-communicable diseases, oral health, emergency medical care, etc. Measures to improve service delivery and not merely expanding its ambit are critical. A strong foundation of first-point-of contact centers will lessen the burden on specialist hospitals where much time and money are wasted.

Secondly, a humble acknowledgement of the limitations of the public healthcare sector needs to be made and an assessment of the complementarities of the Private sector should be done. While **Niti Aayog** has been encouraging states to take up a PPP model for setting up hospitals, the regulatory environment must also incentivise more single doctor clinics to plug the rural-urban inequality.

Thirdly, technology has been tested to improve access and its quality. Tata Trusts and the Karnataka government put forth the '**Digital Nerve Centre**' which merges the last two suggestions. It uses tele-medicine,

video-conferencing and e-appointments systems to improve patient's experience. While there may be limitations in its scalability, such innovative interventions need to be tried out across the country.

With government spending on health stagnating at 1% of GDP, capacity building of the existing institutional framework will be a challenge. Much hinges on creating an ecosystem of partnership and innovation which brings to the fore a renewed vigor for improving India's healthcare system.

Patient || doctor relationship has to strengthen; patients should trust doctors. One can also say that doctors need to instill faith in their patients. Doctors in government hospitals are par excellence, so is the support staff. Their skills are exemplary; especially when you look at the number of patients they attend to on any single day. Medical staff, including doctors, is extremely overworked. In such situations, paying attention to enhancing doctor-patient trust sometimes takes a backseat.

Health dept wants to raise docs' retirement age to 70

'It Will Help Govt Tackle Shortage Of Medicos In Hospitals'

TIMES NEWS NETWORK

'Change pink colour in hospitals'

Lucknow: Citing shortage of doctors in the government health sector, the state health department has proposed to raise the retirement age of government doctors to 70 years. At present, the retirement age is 62 years.

This was announced by the state health minister Sidharth Nath Singh at the inauguration of a primary health centre in Ravidasnagar on HIM Road in Lucknow

Health minister Sidharth Nath Singh on Thursday proposed change in colour at healthcare facilities in the state. The minister said while pink, the colour currently used in hospitals, looks fine, a change would be better. Singh directed BJP MLA Neeraj Bora, who was present on the occasion, to send a formal proposal in this regard to the health department.

on Thursday. The minister said the proposal would be put before the state cabinet which will take the final decision on it.

"If politicians can work till the age of 75 then doctors who are healthy can also give their services till 70 years. I will propose to the cabinet that their retirement age be raised to 70 years. There will also be a provision for voluntary retirement after 62 years of age," Singh said.

He added: "This will help in tackling the rising shortage of government doctors in the state," Singh also urged the people to write to the health department in case of shortage of medicines at government hospitals in the state.

"The government wants to set up more hospitals in the state but they should not be mere concrete structures. The proposal to expand Aanganj community health centre is already pending with the government," the minister said.

Only 1 doctor for 18k people in UP

Yusra.Husain@timesgroup.com

Lucknow: There is only one doctor in government sector for every 18,000 people in Uttar Pradesh, a state that has a population of over 20 crore.

The data points out a major crisis in government health sector when compared to the World Health Organisation (WHO) recommendation for a doctor-patient ratio of 1:1,000.


For once, even after keeping WHO recommendation aside, there are 18,700 sanctioned posts of doctors in the state, of which around 11,000 are currently occupied. This means there is an over 40% shortage of government doctors that needs to be urgently

minister's announcement on moving a proposal for increasing the retirement age of government doctors to 70 years, general secretary of PMHS association Dr Amit Singh said, "How is extension of retirement age a solution to the gap in medical services. How will that gap be filled by this. All 11,000 doctors will not get extension, only those near retirement will opt if interested. What the government really needs to do is to give incentives for attracting young medical professionals in government service and incentive for rural postings, so that people don't leave."

"The 18,000 sanctioned posts were created in 1960 when the population of the state was one third of what it is today. And in all these years, not once have all sanctioned posts been full ever. What is the government's plan for this?" he asked.

The association members said that even when the government conducted recruitments, it could not retain the doctors in absence of good facilities and incentives.

"Around 1,600 new doctors had been recruited, but only 800 joined the government service. Moreover, around 30% of those who joined also left the job midway because working conditions are bad and the incentives are not rewarding."



40% POSTS VACANTS

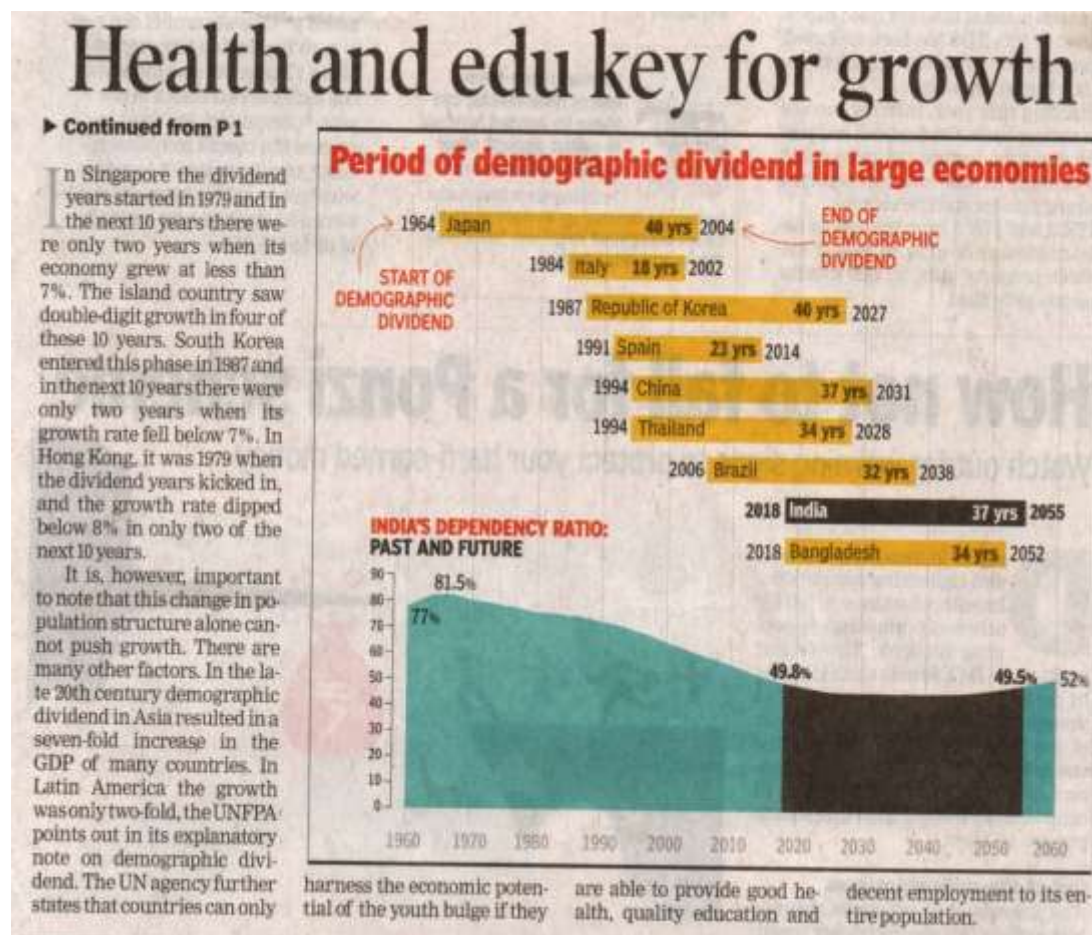
addressed.

Referring to the stark inadequacy, the Provincial Medical Health Services (PMHS) association said that the government should conduct fresh recruitment to fill up the existing 7,700 vacant posts instead of making old doctors work till 70 years.

Questioning the health

A skewed doctor-patient ratio in our country is the major cause of trouble. In almost all leading countries of the world a doctor in a government hospital checks a maximum of 30 patients a day. In India, any doctor on an average checks at least 150 patients a day. Number of relatives exceed the number of patients, leading to more crowds and ruining hygiene standards. Immediate steps to be taken are an increase in the number of seats in government medical colleges and medical faculty, and strengthening primary and secondary healthcare facilities.

There is no differentiation of patients. We get primary, secondary and tertiary patients even from remote areas in the state. Government healthcare facilities in villages and taluka level or small towns need to be improved to correct this situation. It is important that the government makes concerted efforts in improving primary and secondary healthcare facilities.



The academic stress and work load is higher in medical courses, especially in government medical colleges. That is why some students are unable to cope with the stress. They need to be taught certain soft skills from the beginning and some techniques to boost their emotional quotient as well. This training will surely help them. Life is tough, more so for a doctor. A good doctor has to learn to cope with the challenges of this profession efficiently

**“Work for a cause, Not for Applause,
Live life to express, not to impress,**

**Don't strive to make your presence noticed,
Just make sure your absence felt."**

WHAT HOMOEOPATHY HAS TO OFFER?

Homoeopaths understand that dis-ease, the *energetic imbalance within us all, is a complex issue, and one that can only be fully cured by using a remedy similar in its energy to that of the shock or trauma that caused the imbalance.* By understanding the origins of dis-ease and how the symptoms of the imbalance show themselves to a careful observer, the homoeopath is able to help individuals cure themselves on a profound level. Also the homeopathic case taking process shows care and concern for the patient and *it is this caring that is healing.*

Homeopathic remedies are like miniature time-space bombs, which go to the blockage or disease and blow it up, thus releasing the stored energy and facilitating a cure. It is able to destroy these diseases because it is based on the natural law of cure, which is the application of medicines based on the Principle of similar. Essentially *homeopathic medicine is an artificial disease that matches the energetic resonance of the disease of the patient, and the law of resonance states that two similar energies cannot co-exist, so they effectively destroy one another.*

The origins of our dis-eases are ancient. At conception we all are given a gift package (whether we want it or not!) that includes a predisposition (called a miasm) to all of the familial tendencies our ancestors have accumulated and exhibited over the years. These can be as simple as eczema or allergies, as serious as cancer, arthritis or heart disease, or as deep as a tendency toward alcoholism, depression, self-mutilation, eating disorders or suicide. They also are the origins of sexual cruelty, aggression and violence.

Whether or not we see these predispositions come to light in our lives, has a great deal to do with our lives, the shocks and traumas to our system that, as Dr. Samuel Hahnemann, homoeopathy's founder, termed it, **"...bow down the soul."** These traumas wear on our ability to stay balanced and whole, and make themselves known to us in any number of ways (often called symptoms), which homoeopaths see as an attempt by our life energy to communicate to us that there is something going on inside that needs to be dealt with.

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