INTRODUCTION OF INTEGRATED MEDICINE IN INDIA

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World Association of Integrated Medicine

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“This Book is Dedicated in
Memory of my Parents
NAVLASKSHI DUBEY
INDRASAN DUBEY

FOREWORD

There is a growing demand for the provision of Integrated Medical Services not only in India but in all parts of the world. It appears clear that Universal Health Coverage in India will not be possible unless we make full use of our traditional systems of medicine in the country. Largely, up till now the systems are functioning side by side and each system is developing its own health care services, hospitals, training institutes and research centres.

It is being realized today that the full potential of the traditional systems of medicine and the conventional system (allopathic system) can only be utilized maximally if these are all used in an integrated manner. Then only will health care be available to every citizen in the country (including the poor, the needy and the marginalized).

Doctor Dubey is one of the first people in the country to recognize this which now have been accepted by the Commission on Macroeconomics and Health and the Twelfth five year Plan of the Planning Commission. He has been propagating the cause of Integrated Medicine and providing courses for study of this Integrated Medicine for many years. He has also taken this message abroad and today a fair number of medical schools in the USA for example, have Departments of Integrative Medicine.

This book "Introduction of Integrated Medicine in India" provides information and knowledge which would form the fundamental knowledge around which teaching and training programs should be built. Dr. Dubey deserves our gratitude for bringing out the first edition of the book at a time when all of us are looking for this information. He has been a lifelong supporter for the development of Integrated Medicine.

In addition to the descriptions which are made in a simple reader friendly manner which would make the book attractive to lay people, the author has written chapters on the basis of integration and the concept of an integrated holistic system. These chapters are the product of much thought and experience. The chapter on ***"Integration as Need"*** should be read by all health care providers, policy makers and decision takers. This foreword is for the First Edition of the fourth coming book named "Introduction of Integrated Medicine in India".

I am sure this book will be widely read both in India and abroad and would provide a mass of useful and relevant information which will be available at one place.

I Congratulate Dr. Nagendra Prasad Dubey who is great scholar in the field integrated medicine. His book ***"Introduction of Integrated Medicine in India"*** is first book of its kind which is the need of the day..I am sure the book is of great importance in the direction of establishment of Integrated Medicine Globally**.** I wish all the success for the forthcoming edition of "Introduction of Integrated Medicine in India".

(Padmshri Prof. Ranjit Roy Chaudhury)
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ACKNOWLEDGEMENT

With profound gratefulness, I pay my homage to my beloved mother late Nawlakshi Dubey and father late Indrasan Dubey who prayed Almighty for my presence in this world. I dedicate my most sincere regards, respects and entire works in the "Lotus Feet" of Divine Sri Sathya Sai Baba whose grace, blessings and intuitions inspired me to think, plan and implement the course and curriculum integrated medicine.

I express my gratitude and sincere thanks to Padmshri Prof. K. N. Udupa, Former Director, Institute of Medical Sciences, Banaras Hindu University, who inspired me to move forward.

I express my great thanks to Dr. Kin Shein, Former Regional Advisor on EDV Program, SEARO, World Health Organization (WHO) New Delhi who was the first man to appreciate the "Concept of Integrated Medicine for Health Care Delivery to the Community" prepared by Indian Foundation for Development of Integrated Medicine which became the catalyst to move forward. I acknowledge my heartfelt best wishes and special thanks to Dr. Xiaorui Zhang, Medical Officer, Traditional Medicine, World Health Organization (HQ), Geneva, Switzerland where the entire program was discussed and further based on discussions an article was asked and published by World Health Organization as ***"Integrated Medicine, Many Approaches–One service*** in its valuable Journal **"World Health Forum".**

I acknowledge my special thanks to Late Prof. A.N. Safaya, Former Director, Sri Sathya Sai Institute of Higher Medical Sciences, Prashanti Nilyam and Bangalore for his continues support.

I express my thanks to Dr. John C. Chah, Program Officer, Office of the Complementary and Alternative Medicine, National Institute of Health (NIH) Maryland, USA and Prof. G Baedeker, Chairman, GIFT of Health, Health Service Research unit, University of Oxford, London for discussing on the steps of integration initiated by World Association of Integrated Medicine.

I acknowledge my thanks to all Great men (thinkers, academician, politicians, social workers and specialists of various systems of treatment and healing) who provided me the solid grounds and further physical, mental, moral and social supports to continue the Endeavour of integration both academically and practically.

I acknowledge my special thanks to Prof. R.R. Dwivedi and Padmshri Prof. R. H. Singh, from Banaras Hindu University for providing their necessary guidance as most experienced academician in modern and traditional medicine in the country.

I acknowledge my special thanks to Padmshri Prof. Ranjit Roy Chaudhury, National Professor of Pharmacology, Consultant SEARO, WHO, Advisor - Govt. of National Capital Territory of Delhi for his constant inspiration and writing the foreword to this edition.

I acknowledge my very special thanks to Dr. Niharika Dubey, for her special contribution as co author in adding, editing and arranging the references in bringing out this edition.

It will be great injustice on my part if I fail to express my indebtedness to my eldest brother Late Jagdish Dubey who inspired and motivated me to study medicine. My special thanks are to my wife Dr. Sheela Dubey and all the children especially Dr. Namika Tiwari and Dr. Naveen Prakash Dubey who always stood with me and provided their physical, mental, moral, spiritual and environmental supports along with necessary references in achieving the goal of completion of this book.

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CHAPTER - 1

GENESIS OF INTEGRATED MEDICINE

- Introduction.
- Backgrounds.
- Integrated Truth
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There was nothing in the beginning except the Almighty "GOD" where G stands for Generator of all sentient and insentient, O for Operator of all Creations and D for Destroyer of all creations. According to legend, the cosmos existed. GOD might have had thought for some creations. The divine law operated which gave this universe and its contents. According to scientific views in every creation there is requirement of energy. In divine creation also the energy required and the energy appeared in the name of AUM. This was further strengthened by ***Big Bang Theory*** which is also based on sound energy. According to this theory,

"In the beginning was the Word
and the Word was with the GOD
and the Word was with the GOD (AUM)
and the GOD in his own Image
created the entire Universe.

We know that every creation requires energy. The divine cosmic energy (DCE) which is the supreme source of energy (SSE) appeared for universal creation. This energy made a series of changes in the cosmos leading to the creation of Five Elements (*Punchmahabhutas*) one after the other as- Sky (*Ether*), Air (*Vata*), Fire (*Agni*), Water (*Jala*) and Earth (*Prithvi*). The integration of all these content led appearance of all universal sentient and insentient.

With passage of time the universal contents were reorganized and organized by spiritual scientist. They searched and researched the useful and useless matters in the universe for the use of masses. For wellbeing of community they identified some herbs and mineral. Later on this health related matters were grouped in different class and subclass.

BACKGROUNDS

The origin and passage of our culture and civilizations through various eras in continuum as - *Divine Cosmic Era, Oral Tradition Era, Pre-Vedic Era, Vedic*

Era, Traditional Era and Modern Era is evidence of combined treatment and healing for the health and wellbeing of all universal creation. The traditions came down and went on modified time to time as per culture and civilization. Later on the system was named as traditional medicine and healing.

Besides above unknown, unnamed contributors from divine cosmic era to modern era, the contributions of the Searcher and Great men (*scientist, social works, politicians, educationists, and academicians*) are worth to keep in view. Many organizations like World Health Organization (WHO) have defined the Integrated Medicine in most appropriate scientific manner. The contribution of Indian Foundation for Development of Integrated Medicine (IFDIM) and World Association of Integrated Medicine (WAIM) has moved in accordance to the definition of WHO. The earlier landmarks lay down by the great men of the Nation are.

- When the universe started, how long continue and when it will finish? This is all the mystery of GOD.
- The divine transplant surgery performed by ***Lord Shiva on Ganesha*** is well known example of Hindu Culture.
- **Mahatma Gandhi**, the father of the nation who believed in Nature Cure supported the integration and suggested integration of natural system of healing during Indian National Congress Convention at Nagpur in 1920.
- In 1822, with the initiation of practice of modern medicine, the traditional physicians (*Vaidyas*) started the dissection of body in various medical institutions in India. Though, there had been the history of dissection by **Sushruta** in the past.
- In 1936, **Dr. Vidhan Chandra Roy**, the renowned Physician and Ex-Chief Minister of West Bengal emphasized for integration of traditional system with modern system.
- **Pt. Mahamana Madan Mohan Malviya,** the founder of Banaras Hindu University had an idea of integrated medicine. He started Ayurvedic College in the university with the idea of integration and later the Ayurvedic College was developed as the college of modern medicine but due to official problems; the integration could not take place.
- After independence, in **1949, Chopra Committee** recommended integration where the panel propagated training of modern medical subjects in Indian System of Medicine (ISM) colleges and vice versa. The government overlooked the proposal and preferred to imbibe the western modern system.
- **World Health Organization (WHO)** grouped the practitioners in to four groups as ***Monopolistic, Tolerant, Parallel*** and ***Integrated*** after inclusion of

traditional medicine in their programme to achieve the goal of "Health for all by 2000 AD.

- **World Health Organization (WHO)** defined integrated medicine as to merge of modern and traditional system in medical education and practice under unique health service complex.
- Madras Registration of practitioners of integrated medicine Act No.XXVII of 1956 came into existence for registration of graduates of integrated medicine.
- **In 1958, Prof. K.N. Udupa Committee** was set up by the Government of India which the committee upheld the earlier recommendations for development of integrated medicine.
- **In 1983, the Government Formulated National Health Policy-** To achieve the goal of Health for all by 2000 AD where Government desired to promote the integration and well considered steps were thought to achieve the optimal result as need of the time.
- **Dr. Karan Singh**, Former Union Minister of Health stressed on the need of combining the indigenous and modern medicine to achieve the optimal as need of the time.
- **In 1990, Dr. N P Dubey and Padmshri Prof. K N Udupa** met in a meeting and had long discussions of three days on the matter of combine medical system and ultimately both reached to the conclusion to initiate the integrated medical system through institution. The first institution of integrated medicine was started in the name of Prashanti Medical Care Institute (PMCI) where Padmshri Prof. K N Udupa joined as Director of Institute and continued till last breath.
- **Dr. N P Dubey** through World Association of Integrated Medicine (WAIM) is continuing the mission of Integrated Mission. He has great believed and hope of the indirect and direct blessings of all past contributions of Searcher and Great men **(*scientist, social works, politicians, educationists, and academicians*)**.
- Sri Sri Sri Prof. **Dr. A.V. Srinivasan**, Founder Chairman, Sri Paripoorna Sanathana Charitable Trust (R), Arjunabettahalli, Nelamangala, Bangalore in association with **Dr. Nagendra Prasad Dubey** (Dr, N. P. Dubey) has submitted **"A Project Proposal"** on establishment of integrated medicine as an independent Medical System in India to Hon'ble Sri Narendra Modi, Prime Minister of India for accepting the Project proposal for the benefits of the future generations on 13th August 2021.

- **Dr. Anshuman Kumar,** Specialist on Health Policy has stressed in his article in "*National Sahara Hastkshep*" Page 4 on 28th May 2022 to develop the Concepts of Integrated Medicine as compared to various "Bridge Courses" to modern and Indian System of Medicine respectively.
- **Prof K N Dwivedi,** Executive Member of the Indian Council of Research in Ayurveda and Dean, Faculty of Ayurveda, Banaras Hindu University, Varanasi has stressed that in order to achieve the goal of the "National Health Mission" the integration of modern and traditional medicine is necessary (*Daily Dainik Jagran, Varanasi*). He was presiding in a Satellite Seminar of 9th World Ayurvedic Congress on 2nd September 2022. The recommendation is in accordance to the concepts of World Association of Integrated Medicine.

INTEGRATED TRUTH

We know the facts that the goal of health for all is not possible with any one medical or healing system because of many reasons. Thus, there is an urgent need of integrations as per **Integrated Truth**-

- None of the medical system is perfect.
- None of the medical system is useless.
- Every medical system has merits and demerits.
- Every system has its limitation.
- Our tradition is to respect all.

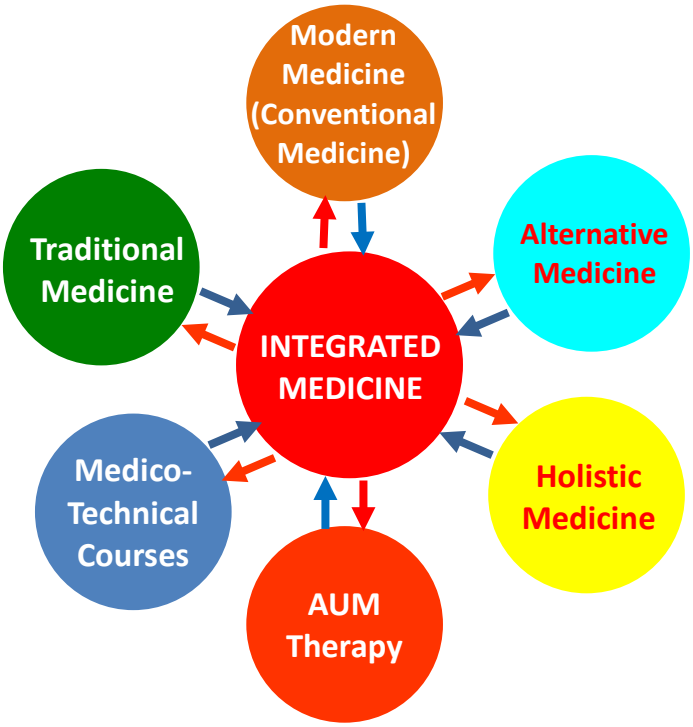
Under such circumstances the only answer is to take the best of all possible available systems together and develop its teaching, training, treatment, research and national implementation which could be nearer to the perfect as perfect is only one i.e. Omnipotent.(*Divine Intuitions, Revelations and Blessings of Sri Sathya Sai Baba).*

INTEGRATED MEDICINE

Integrated Medicine is defined as combination/unification of the modern and traditional medicine and development of its teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of all aspects i.e. principles, diagnostics and therapeutics in one combination but it can also be done even in principles and or diagnostics and or therapeutics [1]**.** In order to achieve the National Health Mission in India, integrated medicine is the best and most demanded answer.

INTEGRATED MEDICINE MODEL

All under mentioned systems are not possible in single integration. There are five group institutions mentioned in other separate chapter. Thus the various institutes are - ***Institute of Integrated Medicine, Institute of Traditional Medicine, Institute of Alternative Medicine, Institute of Holistic Medicine and Institute of Medico - technical Education***.



"GENERAL MODEL OF INTEGRATED MEDICINE"

All models of various institutions are almost same with involvement of different systems on possible scientific grounds.

SCIENCE OF INTEGRATION

The science is the systematic component of the philosophy (knowledge) means it is limited. Thus derived systemic components become science. For convenience, the science has been further divided in various groups as- *Physical, Chemical, Biological, Geological* and *Environmental* and so on. These groups were further divided various subjects and specialties. Medical science is one component of biological science to deal with the health care and well being of

living beings. Again, the medical sciences have been divided into two major groups as scientific or western modern medicine (allopathic) and traditional medicine/system/ healing with drug and drugless modalities.

The holistic aspect of cosmic energy derived by the ancient spirituals scientists descended through a series of steps. These aspects were added in the then traditional medical system and healing in accordance to the climate, cultures and civilizations. These traditional medicine were names as-***indigenous, unorthodox, alternative, ethno, fringe, folk, unofficial traditional medicine and healing*** [(2)]**.** All are having the same objective i.e. *"Alleviation suffering"*. Now every medical system is flourishing in its own tight wall with varying degree of claims of curing, caring and healing to sufferings. Both existing systems (modern and traditional medicines) have strain and stress of their merits and demerits. Under such circumstances, the only answer is to take the best of all the available systems together and develop its teaching, training, treatment, research and national implementation which could be nearer to the perfect as perfect is only one i.e. ***Omniprence*** who is controlling the entire universe.

Keeping in views, the origin of various medical sciences and integrating the best of all existing systems, the science of integrated medicine has emerged as ***"Integrated Health Care (IHC)"*** for alleviation of suffering and rehabilitation to the handicaps.

PHILOSOPHY OF INTEGRATION

Philosophy is ocean of knowledge and is limitless while science is limited and its origin from philosophy. Here, we are concern with the philosophy of Integrated Medicine which involves all philosophies predominantly the Holistic Natural Philosophy **(HNP)** derived from Cosmic Power identified by the sages *(Rishis).* It encompasses *nature, culture, humanity, spirituality, environment and faith in GOD*. The ultimate aim of life is to attain the goal i.e. liberation in GOD which cannot be attains in a moment or just by thought. It is complex way and requires from short journey to a long path of life and ultimately the aim is attained by someone if the path is correct. To attain the aim many obstacles may or may not come depending on the span of life and other pre-determined factors as inherited properties ***(Sanskara)***. If one has long life, he has to overcome much more obstacles than an individual with short span but has more chance to attain the goal. Everyone has to perform some works during his life. The work may be either constructive or destructive. The constructive one is *Divine Devotion* for the good of humanity and the destructive one is of the *Devils Dedication* for creating the troubles in society.

Depending on inherited properties *(Sanskara),* the individual does the works in his allotted span of life. Though, all individuals are similar in appearance and scientific descriptions but they differ by their actions and behaviors which may be

minor to gross. How does it come? It is mystery of GOD. But amongst the known facts - *Man is the Maker of his Fate*. The inherited properties *(Sanskara)* cannot be entirely changed but some alteration is possible provided there is flexibility in the individual. It has been observed in past that many had been changed from extreme destructive or innocent to most constructive or intellectual as *Maharshi Balmiki*, *Mahakabi Kalidas* etc and vice versa provided the stimulus and guidance is applied at proper time. This changed in individual to either side is based on followings factors.

1. Inherited Properties (*Sanskara*).
2. Individual Nature.
3. Family Composition.
4. Health of Individual.
5. Food and Nutrition.
6. Education.
7. Social Milieu.
8. Environment.

Thus, the derived philosophy of integration is ***"Holistic Natural Philosophy (HNP)"*** which is responsible for "Holistic Care with Faith in GOD".

INTEGRATED HOLISTIC HEALTH CARE

Integrated medicine developed by World Association of Integrated Medicine is a system of Integrated Holistic Health Care (IHHC). The system takes care by incorporating **All techniques as**-*process, practices, measures and ingredients;* **All possible procedures in** -*diagnosis, prevention, elimination and rehabilitation including life styles*; to maintain **All health i.e.-** *physical, mental, social, moral, spiritual and environmental;* **All well beings through-** drug or drugless therapies available in the country or abroad along with **Faith in Divinity**. Integrated medicine stress Environmental aspects of health and Superconciousness level of the individual leading to new dimension as Integrated Holistic Health Care (IHHC).

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1. *Dubey; N.P.*, Basic Principles of Integrated Medicine; Science and philosophy, Revised Edition 2002, P.7.
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SECTION - 2

BASIS OF INTEGRATION

- Introduction.
- National Opinion.
- Availability of Systems.
- Professional Dialogues.
- Public Participation.
- Government Involvement.
- Institutions of Integration.
- Monitoring of Institutions.

It is always better to stand on their own strength and if there is any weakness that should be taken care in due course of time. Majority of countries have traditional system in one or the other name. It may be their own or acquired from other country. Before, advent of modern medicine and its development to the present status, there had been the roles of traditional system which is still being in practiced in one or the other ways. In many countries their traditional system has been replaced by modern medicine. Why the traditional system started losing its importance and modern medicine gaining popularities? There must be some reasons which have to be explored and weakness must be strengthened. The traditional medicine is a gift of our ancient culture, civilization and life style. Thus, traditional medicine is based on our ancient philosophy and science. The modern medicine has emerged from the traditional medicine. To establish the Integrated Medicine the following fundamental basis must be explored.

- National Opinion.
- Availability of Systems.
- Professional Dialogues.
- Public Participation.
- Government Involvement.

NATIONAL OPINION

In spite of widely accepted and use of modern medicine, the consensus for the use of traditional/complementary/alternative medicine is increasing. Why? The reasons are obvious, i.e. “holistic effects in treatment and care both” which is the need of the day. This has attracted the mass towards TM. The national opinion is based on –

1. **Survey:** From individual or mass as random or door to door is indicative of the strong acceptors of integrated medicine. Thus, the survey shows the strong social acceptability.

2. **Professional Opinion:** Majority of modern and traditional practitioners are in favor of integrated medicine except few arrogant of both systems. It is surprising that in present scenario specially in India, one hand most the practitioners of modern medicine are practicing traditional system without any teaching, training or certification and on the other hand some of them are opposing the traditional practitioners to practice the modern medicine in spite of their teaching and training of modern medicine. However, majority of the practitioners of both systems are in favor of Integrated Medicine.
3. **Preservation of Traditional Values:** Development of integrated medicine will definitely help in preserving and modernization of the traditional medicine values (cultures, customs and believes) and the rituals used in preparation of medicine and performance of drugless healings.
4. **Acceptability:** The demand of Integrated System has increased because of many factors. Some of the important factors are :-
    (i) Cost of modern medicine.
    (ii) Toxicity of modern drugs.
    (iii) Non-availability of modern medicine at every place.

AVAILABILITY OF SYSTEMS

It is important to know, that before initiation of medical integration, there must be availability of modern and some traditional or alternative system in the country. The traditional system may be [(1)]:

(1) Inherited System of the Country – Like Indian Systems of Medicine (ISM) which include Ayurveda, Siddha, Unani, Yoga and Naturopathy. For administrative purposes the Government of India has included Homoeopathy also in same group and has renamed as AYUSH (*Ayurveda, Yoga, Unani, Siddha and Homeopathy*). Homoeopathy is not our inherited Indian System of Medicine.

India has been the rich source of science, philosophy, culture and medicine in one or the other forms since time immemorial. Besides the routine practicing systems, there are many more systems of treatment and healing are available and practiced with the expectations to become sooner or later as an official system. Some of these systems are:

- Astrological Medicine,
- Herbal Medicine,
- Tibetan Medicine,
- Acupuncture,
- Acupressure,

- Many other drugless therapies are availability and are being practiced under Naturopathic and holistic healing and treatment.

(2) Acquired System from other Country – It has been adopted from other countries, because of its merits and availability. Conventional Medicine (Western Medicine) is an acquired system of treatment in India.

PROFESSIONAL DIALOGUES

The increasing stress of traditional medicine (TM) and strain of modern medicine (MM) has forced the both types of practitioners to come together and have healthy dialogues in the best interest of the public through the integrated medical system. This is only possible with the implementation of merits of both systems through integrated system. The dialogues are increasing rapidly. WAIM has started academic programs of integrated medicine directly and through various institutions.

PUBLIC PARTICIPATION

The involvement of general public in integration is very important as they are the beneficiary in all aspects of the integrated medical program. Proper thoughts, planning and implementation are the back bone for the success of the program. Thoughts are the ideas of the Great-men for the emergence of something good for the benefit of the masses and the Nation in innovative direction. Planning is a mental level exercise to reach to a conclusion to be implemented for the achievement of the goal. The general involvements are as-

- Active participation.
- Mass acceptability.
- Motivation of their children for such education.
- Participation in production of quality products for medication and medicaments.
- Participation in addition of the holistic values.

GOVERNMENT INVOLVEMENT

The public interest in any activity in India cannot be initiated without the involvement of the Government. The government involvement can be both ways i.e. direct or indirect.

1. Direct Government Involvement: Here, the concerned department initiates the planning and get its necessary approval from the Government and

implement with its resources through their agencies. Here, all the official formalities are smooth and effortless.

2. Indirect Government Involvement: Here, the like-minded people meet and discuss the plan, its merits and demerits. Then, they have to form a society and get it registered with the concerned Regional Registrar of Societies, Chits and Firm which is a state Government office established for the registration purposes. After getting the registration, one is entitled to initiate the program in accordance to the aims and objectives of the registered memorandum of association of the society and move further for its recognition and affiliation of the institution with higher institution.

INSTITUTIONS OF INTEGRATION

World Association of Integrated Medicine (WAIM) is based on the strong foundation of its first two institutions. Rest institutions were initiated after the emergence of World Association of Integrated Medicine. Thus, at present the institutions of integrated medicine are –

1. Prashanti Institute Medical Care Institute (PMCI), Varanasi.
2. Indian Foundation for Development of Integrated Medicine (IFDIM), Delhi.
3. International Institute of Integrated Medical Sciences (IIIMS), Delhi.
4. International Integrated Medicine Council (IIMC), Delhi.
5. World Association of Integrated Medicine (WAIM)

Prashanti Medical Care Institute (PMCI) was registered with the Assistant Registrar, Government of Uttar Pradesh and others were registered by the corresponding office at NCR, Delhi. The initial two institutions made the road map for initiation of World Association of Integrated Medicine which was sketched in Colombo, Sri Lanka in November 1993.

World Association of Integrated Medicine got registered in India in 1996 with wide range of Integrated Medicine Education Programs (IMEPs) in India as well as to interested candidates of abroad. After registration of the World Association of Integrated Medicine, all the institutions were merged with World Association of Integrated Medicine. Thus, World Association of Integrated Medicine became the main institution for all the national and international administrative and academic activities of integrated medicine.

MONITORING OF INSTITUTIONS

All the monitoring of various activities of World Association of Integrated Medicine (WAIM) is monitor with its independent division. There are three main divisions of World Association of Integrated Medicine for implementation of its

various programs as – administrative, academic and registrations. The brief account of these divisions is:

1. **Administrative Division:** National and International administrative decisions and correspondence is taken care by World Association of Integrated Medicine.
2. **Academic Division:** All academic activities as – teaching, training, treatment, research and national implementations are taken care by this division through Indian Foundation for Development of integrated Medicine.
3. **Registrations Division:** All successful medical and paramedical candidates are registered through International Integrated Medicine Council (IIMC).

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CHAPTER –3

INTEGRATED HOLISTIC MEDICINE

- Introduction.
- Approximation of Systems.
- Traditional Medicine.
- Modern Medicine.
- Problems with Systems.
- Integrated Medicine.
- Latest Integrated Medicine.
- Merits of Integrated Medicine.

The universe is a unique creation of Almighty GOD. It comprised of Prime Components known as Five Elements *(Ether, Air, Fire, Water and Earth).* All the sentiment and insentient are composed of these five elements in one or the other way. Man has borne with the medicine in his surroundings. The searchers and researchers identified some of these and using them for the prevention and promotion of their health. With the passage of time various systems of medicines and healing developed according to their tradition, believe, culture and customs. These medicines and healings have various names as- *indigenous, unorthodox, alternative, ethno, fringe, folk, unofficial medicine and healing*. All these systems whether they are drug or drugless were named as Traditional Medicine (TM). Modern Medicine (MM) emerged from these traditional medicines which left the traditional medicine not only behind but increased the gap between both systems due to very many reasons. Modern medicine is progressing in its own scientific dimension. Traditional medicine has its own tradition with scientific inclination. Human health has been always the global problems since long and efforts had been made by the concerned government to overcome the problems.

APPROXIMATION OF SYSTEMS

World Health organization (WHO) was created in 1948 with the help members states of the world. Every country had problem of making health and medical care available to their entire citizen. The traditional medicine was incorporated in WHO program in 1976 keeping in view the various operational aspects of both systems. Initially, there was gap and gulf between practitioners of traditional and modern medicine.

With the passage of time the gulf between the traditional and modern systems appears to have been narrowed. The practitioners of modern medicine have developed some interest in traditional medicine and the practitioners of traditional medicine are beginning to accept and use modern medical technology in diagnosis and treatment.

In addition, some health administrators of developing countries saw and realized the need and importance of traditional medicine. They have recommended the inclusion of traditional healers in Primary Health Care on the grounds that –

1. Healers know the socio-cultural background of that area.
2. Healers are highly respected and experienced in their work.
3. Economic consideration by using local resources.
4. To reduce the distance in providing health facilities.
5. To strengthen the traditional believes.
6. To overcome the shortage of health professionals for the service of community.

World Association of Integrated Medicine (WAIM), support the above mentioned recommendation as ***-"The Need of the Day"***

TRADITIONAL MEDICINE

Traditional Medicine (TM) is ancient method of treatment and healing. Traditional medical practitioners and healers maintain the health by means of vegetable, animals, minerals and certain method based on social, cultural, religious backgrounds as well as knowledge, attitude and believes that are prevalent in the community regarding physical, mental and social wellbeing and causation of diseases and disability. The combination of factors makes traditional medicine as Holistic System of treatment and healings.

MERITS OF TRADITIONAL MEDICINE

Traditional medicine is in existence in one or the other form from the origin of life in this universe and had played the role in keeping the health of human being. Keeping in views, the landmarks laid down by our Great Sages *(Rishis),* who dedicated their life for the service of sufferings humanity, we have derived the following merits.

1. It is most ancient system of treatment and healing.
2. It considers Life as the union of *body, senses, mind and soul*.
3. It has wider view of health.
4. It takes care of health and diseases both.
5. It is culture bound.
6. It is economical and easily available.
7. Maximum use of mental faculty in diagnosis and treatment.
8. It is effective in chronic, degenerative, behavioral and spiritual disorders.
9. It has a holistic view of management.
10. Easy carriage.

DEMERITS OF TRADITIONAL MEDICINE

Traditional medicine has some demerits also. In the present scenario, it requires addition of scientific knowledge in its principles, diagnostics and therapeutics aspects. The important demerits are:-

1. It remained traditional for centuries.
2. It is still called unscientific.
3. It has high claims of treatment and healing.
4. It has traditional diagnostic and therapeutic tools and techniques.
5. There are inadequate emergency measures.

MODERN MEDICINE

Modern Medicine (MM) has emerged from the traditional medicine long before but its remarkable scientific development started about 350 years ago. It developed with time and place and has replaced the traditional systems of various countries quiet behind and has become the principal official system of the country. Today, modern medicine is the official system of treatment in almost all the countries of the world. The traditional system is used as complementary/alternative medicine. It is based on visible facts and figures. It deals with diseases not with the patient. It is more concerned with physical body and health.

MERITS OF MODERN MEDICINE

Merits and demerits are comparative. The modern scientific medicine has come up with following merits.

1. It has scientific documentation, thus called scientific medicine.
2. It has modern diagnostics tools and techniques.
3. It has adequate emergency measures.
4. It has potent symptomatic methods of treatment.

DEMERITS OF MODERN MEDICINE

Modern Medicine still requires a lot of addition of traditional skills in its principles, diagnostics and therapeutics aspects to make it holistic for health care delivery system. It has following demerits.

1. It details with disease not with patients.
2. It has visible considerations means symptomatic.
3. Intolerable cost and lack of man powers.
4. It has lack of traditional diagnostic tools and therapeutic measures.

5. It has limited views of health and management.
6. Adequate facilities are confined to higher centers only.
7. It is most mechanical.
8. It has less response in chronic, degenerative, behavioral and spiritual diseases.
9. No response in psychosomatic disorders.
10. It is easy to adopt leading to quackery.

PROBLEMS WITH SYSTEMS

The traditional system has some of the important stress and modern system has some important strain. The solutions of stress and strain are in opposite system. These stress and strain to each system are given below.

STRESS OF TRADITIONAL MEDICINE

The traditional medicine (TM) has following stress because of its demerits.

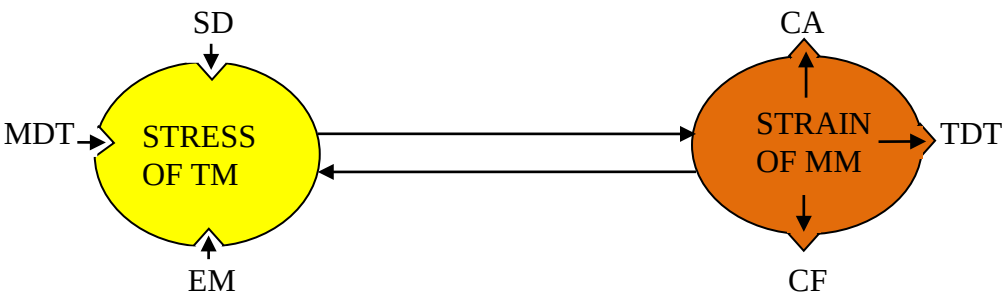
1. Scientific Documentation (SD)
2. Modern Diagnostic Tools (MDT)
3. Emergency Management (EM).

STRAINS OF MODERN MEDICINE

The modern medicine (MM) has following strains because of its demerits:

1. Curative Aspects (CA)
2. Traditional Diagnostic Tools (TDT)
3. Cost Factors (CF)

The states of stress and strain due to respective demerits are given below:



"State of Stress and Strain"

The above diagrammatic representation shows the situation of both traditional and modern medicine. No one is in state of normalcy. However, they are continuing their services in isolation through their practitioners. Thus, when the solutions are in opposite system, then the only choice is integration of both systems.

INTEGRATED MEDICINE

Integration means combination. Integrated Medicine is defined as combination of the modern and traditional medicine and develops it's all components i.e. ***teaching, training, treatment, research and national implementation*** on possible scientific parameters. The best integration is the combination of all aspects i.e. ***principles, diagnostics and therapeutics*** in one combination but it can also be done even in principles and or diagnostics and or therapeutics. In order to achieve the modern holistic treatment and care Integrated Medicine is the need of the day as per ***"Integrated Truth"-***

- None of the medical system is perfect
- None of the medical system is useless
- Every medical system has merits and demerits
- Every system has its limitation and
- Our tradition is to respect all.

Under such circumstances the only answer is to take the best of all the available systems together and develop its teaching, training, treatment , research and national implementation which could be nearer to the perfect as perfect is only one i.e. Omnipotent(*Divine Intuitions, Revelations and Blessings of Sri Sathya Sai Baba*)**.**
As per publication in Re-orientation of Medical Education (ROME) by South East Region Office, it has been mentioned as -

> ***"IF THE DOCTORS ARE TO REMAIN RELEVANT TO THE CHANGING NEED OF THE SOCIETY, THEY HAVE TO SHAPE THEIR ROLES WITHIN THE CONTEXT OF TOTAL HUMAN DEVELOPMENT" - TU, MYA: ROME: SEARO: No.18*** **(1)**

LATEST INTEGRATED MEDICINE

Besides, many other unknown, unnamed contributors from divine cosmic era to modern era, the contributions of the Searcher and Great men (*scientist, social works, politicians, educationists, and academicians*) are worth to keep in view. Integrated medicine is as old as the traditional medicine and practice as the then practitioners used the traditional medicine in combination with *naturopath, diet, herbs, lifestyle etc* according to the traditional knowledge, customs and believe. The latest modern integration started after including of traditional systems in

World health Organization Program. The WHO recognized four types organizational relationship between official and traditional health care services i.e. *Monopolistic, Tolerant, Parallel* and *Integrated*. Here, the integrated medicine is defined as - *modern and traditional medicine is merged in medical education and jointly practiced within a unique health service complex*. Based on the definition following steps were taken in India:

- **In 1983, the Government Formulated National Health Policy-** To achieve the goal of Health for all by 2000 AD where Government desired to promote the integration and well considered steps were thought to achieve the optimal result as need of the time.
- **Dr. Karan Singh**, Former Union Minister of Health stressed on the need of combining the indigenous and modern medicine to achieve the optimal as need of the time.
- **In 1990, Dr. N P Dubey and Padmshri Prof. K N Udupa** met in a meeting and had three days discussions on the matter of integrated medicine and ultimately both reached to the conclusion to initiate the integrated medicine through institution and the first institution of integrated medicine was started as non-governmental organisation in Varanasi in the name of Prashanti Medical Care Institute (PMCI) where Padmshri Prof. K N Udupa joined as Director of Institute and continued till last breath. He had the great hope of establishment of integrated medicine as independent system of treatment at least in India which will be followed by the entire world.
- **Dr. N P Dubey through World Association of Integrated Medicine** (WAIM) is continuing the effort of establishment of Integrated Medicine mission. We believe and hope in the blessings, thoughts and contributions of the past Searcher and Great men and the days are not far when Integrated Medical System will be a leading official system of treatment and healing.
- Sri Sri Sri Prof. **Dr. A.V. Srinivasan**, Founder Chairman, Sri Paripoorna Sanathana Charitable Trust (R), Arjunabettahalli, Nelamangala, Bangalore in association with **Dr. Nagendra Prasad Dubey** (Dr, N. P. Dubey) has submitted **"A Project Proposal"** on establishment of integrated medicine as an independent Medical System in India to Hon'ble Sri Narendra Modi, Prime Minister of India for accepting the Project proposal for the benefits of the future generations on 13th August 2021..
- **Dr. Anshuman Kumar,** Specialist on Health Policy has stressed in his article in **"National Sahara Hastkshep"** Page 4 on 28th May 2022 to develop the Concepts of Integrated Medicine as compared to various "Bridge Courses" to

modern and Indian System of Medicine respectively. The recommendation is in accordance to the concepts of World Association of Integrated Medicine. This concept is pending with Government of India headed by World Association of Integrated Medicine.

- **Prof K N Dwivedi,** Executive Member of the Indian Council of Research in Ayurveda and Dean, Faculty of Ayurveda, Banaras Hindu University, Varanasi has stressed that in order to achieve the goal of the "National Health Mission" the integration of modern and traditional medicine is necessary **(*Daily Dainik Jagran, Varanasi***). He was presiding in a Satellite Seminar of 9th World Ayurvedic Congress on 2nd September 2022. The recommendation is in accordance to the concepts of World Association of Integrated Medicine.

MERITS OF INTEGRATED MEDICINE

Integrated medicine developed by World Association of Integrated Medicine has following additional merit over and above the traditional and modern medicines.

I. Applied Science and Philosophy.
II. Comprehensive Holistic Health Care.
III. Nine GEMS of Integrated.

I. APPLIED SCIENCE AND PHILOSOPHY

The science of integrated medicine is comprehensive health care which take care of alleviation of sufferings, restoration to normalcy and rehabilitation of people with special needs while the philosophy.

II. INTEGRATED HOLISTIC HEALTH CARE

Integrated medicine is a system of Integrated Holistic Health Care (IHHC). The system takes care by incorporating **All techniques as**- *process, practices, measures and ingredients;* **All possible procedures in**- *diagnosis, prevention, elimination and rehabilitation including life styles*; to maintain **All health i.e.-** *physical, mental, social, moral, spiritual and environmental;* **All well beings through-** drug or drugless therapies available in the country or abroad along with **Faith in Divinity**. Integrated medicine stress environmental aspects of health and Superconciousness level of the individual. Thus, it gives a new dimension, the Integrated Holistic Health Care (IHHC).

III. NINE GEMS OF INTEGRATION

The integrated medicine involves the merits of traditional and modern systems. Thus integration neutralizes the stress and strain of one another by removing the existing demerits in the systems. Hence, there is no any stress or strain with integrated medicine. On the other hand, with proper integration, some more merits emerges due to synergistic effects leading to more merits than the total merits of traditional and modern medicine. These merits called **Nine Gems** (***Navratna***) of the system [2]. This are-

- **Perfection** : Near to perfect
- **Useful** : Most useful system of treatment and healing
- **Meritorious** : Combined merits with synergistic merits.
- **Bridge** : Bridge between existing systems.
- **Research** : Wide scopes of research in all spheres.
- **Limitless** : Not limited in strict scientific boundary only.
- **Flexibility** : Having flexibility.
- **Holistic** : Beneficial as Integrated Holistic Health Care
- **Need** : Need of the Day.

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CHAPTER - 4

CLINICAL AND SOCIAL RELEVANCE

- Introduction.
- Clinical Relevance.
  - I. Promotion of Health.
  - II. Prevention of Disease.
  - III. Curative Aspects.
  - IV. Disease Limitation.
  - V. Rehabilitation.
- Social Relevance

India is unique and fortunate nation as in that it has very rich and varied traditions of organized medical system since times immemorial. Many factors e.g. type of illness, caste, socioeconomic status; age, etc. determine the type of medical care that is sought during ill-health. Thus, every health program has clinical and social relevance for the benefit and its acceptance by the society. World Health Organization (WHO), after a long thought and gave the place and definition of integrated medicine. Here, ***modern and traditional medicine is merged in medical education and jointly practiced within a unique health service complex.*** This integrated system of medicine will be in tune with and acceptable to the community utilizing local herbs, minerals, chemicals, planets, and even animal products for primary health care and thus help in achieving the target of "Health for All by 2000 and onward.

CLINICAL RELEVANCE

The clinical relevance of integrated medicine program (IMP) is multi-fold for the benefit of the community/society at large. This can be seen at all levels and sections of the population. Its role can be judged by its comprehensiveness at five levels.

I. Promotion of Health.
II. Prevention of Diseases.
III. Curative Aspect.
IV. Disability limitation,
V. Rehabilitation.

I. PROMOTION OF HEALTH

Promotion of health and specific protection are the constituents of pre-level of prevention which is not directed to any particular diseases but is intended to improve overall general health and well-being of the individual and the

community. This is possible with single or multiple under mentioned following health promotional parameters.

(a) Adequate nutrition.
(b) Provision of safe water supply, facilities for safe disposal of wastes and excreta, healthful housing, control of insects and rodents, recreational facilities etc.
(c) Personal hygiene.
(d) Health education, Sex education, Physical education etc.
(e) Marriage and genetic counseling.
(f) Periodic health screening,
(g) Immunizations etc.

For the improvement of standard and quality of living, better expectations of life at birth, decrease in morbidities and mortalities have perceptible clinical benefits.

II.PREVENTION OF DISEASES

Prevention is the first and basic role of integrated medical program (IMP) for the good and productive health of the community because prevention is always better than cure. Health education is the sheet-anchor of the program and it may be able to show-

(a) Gradual or rapid fall in the quantum of endemic or epidemic diseases.
(b) Awareness about the ways and methods of prevention of diseases (may be communicable or non-communicable).
(c) Better health of vulnerable sections of the society.
(d) Availability and better use of natural herbs and minerals in prevention of diseases in the community which is the practice of the Indian society since time immemorial.
(e) Lessening the severity of diseases.

III.CURATIVE ASPECTS

It serves as elimination of causative organisms from the body as well as check the spread of communicable diseases in the society. This aspect of integrated medical program serves as:

(a) Early recognition of the diseases: Even at grass-root level by trained Community Health Guides (CHGs), Health Workers (male and female) Trained Birth Attendants (TBA's), Local Trained Physician etc. IMP will go a long way in providing such services efficiently.

(b) Reducing Complications and Chronicity: Due to early diagnosis and proper treatment.

(c) Saving of Community: From communicable and non-communicable diseases.

Here again role of health education by the trained Integrated Medical Practitioners is of paramount importance.

IV. DISABILITY LIMITATION

Once disease has developed, it will either be cured or it may give rise to some unwanted physical or mental aftermath. The early and effective medical treatment leads to proper cure. The integrated approach involves the merit of combined system so there is less chance of disability if at all it occurs it can be treated easily.

V.REHABILITATION

These are combined and coordinated use of medical, social, educational and vocational measures for training and re-training of the individual for enabling him for highest of possible level of functional ability and develop a feeling in him of his social relevance and self-confidence. Once disease has developed and had some unwanted physical or mental aftermath. The individual may become disabled or handicapped. Integrated medical system will provide the suitable rehabilitation with collaborative efforts of formal and non- formal health agencies. Integrated medicine may be able to do better integrating various types of measures which are better accepted and suited to the individual

SOCIAL RELEVANCE

Since integrated medicine is a sum total of the best of all systems, it is holistic in approach, socially acceptable and relevant to the community health needs. Efforts of the society in mitigating social stigmas and unfounded beliefs and practices about health and disease will be strengthened by age-old healthy, social cultural practices of the community which is emphasized in integrated medical program.

The system, realizing its importance, is strive for generating multi-sectorial and multi-disciplinary approach to social problems and is able to illustrate co-operation keeping the interest of the community in focus.

All these efforts will be helpful in making society conscious of health as a priority and a purchasable commodity though it is a fundamental right of each individual of India.

CHAPTER-5

INTEGRATION AS NEED

- Introduction.
- Approximation of Systems.
- Primary Health Care.
- Health for all by 2000 and Onward
- Organizational Relationship.
- Backgrounds of Modern Medicine.
- Tips for Integration

"Integrated Medicine is combination of the modern and traditional medicine and development of its teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of its all components i.e. principles, diagnostics and therapeutics in one group but it can even be done in principles and or diagnostics and or therapeutics aspect. Traditional medicine is in practice from the origin of the life in the universe in one or the other form. It has come down through traditions from one to the other generation. In due course of time every traditional medicine has given their services with same aims and objectives i.e. ***relieve of sufferings***. In total the health is defined as- "*Positive health is the blending of physical, mental, social, moral and spiritual wellbeing"*. The moral and spiritual aspects of life have been given more importance in these systems. World Association of Integrated Medicine (WAIM) has added another feather in order to widen the sphere of health as – *"Positive health is the blending of physical, mental, social, moral, spiritual and environmental wellbeing"* [(1)].The ***E*nvironmental aspect** has been given more importance. The revision of definition was announced during ***"Universal Conference on Integrated Medicine" (UCIM-98)*** organized by World Association of Integrated Medicine in the National Capital of India from 6th to 8th November-1998 at Indian Medical Association, Head Quarter, New Delhi.

APPROXIMATION OF SYSTEMS

World Health organization (WHO) was created in 1948 with the help many members states of the world. Every country has problem of making health and medical care available to their entire citizen. The traditional medicine was incorporated in World Health Organization program in 1976 keeping in view the various operational aspects of both systems. Initially, there was gap and gulf between practitioners of traditional and modern medicine. With the passage of time, the gulf between the traditional and modern systems appears to have been narrowed. The practitioners of modern medicine have developed some interest in traditional medicine and the practitioners of traditional medicine are beginning to

accept and use modern medical technology in diagnosis and treatment. In addition, some health administrators of developing countries have recommended the inclusion of traditional healers in Primary Health Care on the grounds that[2] –

1. Healers know the socio-cultural background of that area.
2. Healers are highly respected and experienced in their work.
3. Economic consideration by using local resources.
4. To reduce the distance in providing health facilities.
5. To strengthen the traditional believes.
6. To overcome the shortage of health professionals for the service of community.

The above fundamental points are genuine and must be kept in mind so long the economical discrepancies are in the present world. The under develop countries need more help of economically available model but it should be on possible scientific grounds.

PRIMARY HEALTH CARE

Whichever the system may be, the enjoyment of highest attainable standard of health is the fundamental right of every human being without distinction of race, religion and political belief, economic or social condition[3]. The entire community can be benefited with this aim only by integration of modern medicine and traditional medicine and adding it into Primary Health Care which essential health care is made universally accessible to individual and families in the community by means acceptable to them through their full participation and at a cost that the community and country can afford. It forms an integral part both of the country's health system and overall social and economic development of the community.

HEALTH FOR ALL BY 2000 AND ONWARD

In 1977, during the meeting of World Health Assembly (WHA) where more than 150 Member States of the organization adopted a resolution deciding that "the main social target of Governments and WHO was to attain the goal by the people of the world by the year 2000 to a level of health that will permit them to lead a socially and economically productive life" (Resolution WHA 30.43 popularly known as Health for all by the year 2000 (HEA-2000).

The International Conference of Primary Health Care held from6-12 September1978 in Alma Ata, the capital of the then Kazakh Soviet Socialist Republic and issued the historic declaration of Alma Ata which stated clearly that Primary Health Care (PHC) is the key to attain the target of HFA 2000 is based on practical, scientifically sound and socially acceptable method and technically

made universally available to the individual and families to this goal. We have to employ through –

(A) **All Useful Methods**- Various indigenous practices.
(B) **Mobilization of all Available Resources**-As men, material and money.

Here, variety of health workers including traditional practitioners are needed, who are suitably trained, socially accepted and technically sound to work as a health team and to respond to the expressed need of the community[4].

ORGANIZATIONAL RELATIONSHIP

The increasing demand of better quality of life as well as the awareness of the right of the citizen of the country to lead a socially and economically productive life has sped up the demand of integrated system which could be helpful in attaining the goal of health for all by 2000 and onward. Before including of traditional systems in World health Organization Program, there had been a wide gap between the administrators and clinicians of modern medicine and traditional system. With passage of time, the gap has narrowed and the cooperation between the practitioners of traditional and modern medicine has increased. The WHO recognized four types organizational relationship between official and traditional health care services.

I. Monopolistic.
II. Tolerant.
III. Parallel.
IV. Integrated.

I.MONOPOLISTIC

Monopolistic gives sole legal right to allopathic practitioner (western medicine) to practice medicine as in most of the western world.

II.TOLERANT

This group in absence of allopathic practitioners or with limited numbers of allopathic practitioners who are exclusively limited to specific medical and public health activities (Majority in urban areas), the traditional and unofficial practitioners are free to work and be paid for service an all other field provided they do not claim to registered M.Ds.

III.PARALLEL

This group of practitioners of allopathic and other systems of health care is officially recognized and renders service to the patients through equal and separate system.

IV.INTEGRATED

Here modern and traditional medicine is merged in medical education and jointly practiced within a unique health service complex. At present about half of countries of the world are having ministries or the departments in government responsible for traditional medicine. In many countries where more than 80% population resides in rural area are cared by traditional practitioners and traditional birth attendants. In many countries there is no problem between official and traditional care practitioners [(5)].

BACKGROUNDS OF MODERN MEDICINE

Until the beginning of 19th century all medical practices were traditional. The scientific medicine developed rapidly in due course of time with various merits and demerits. The system aimed to breakup complex phenomenon in to their component parts and deal with each one in isolation as –

I. **Diagnosis** – Search of the single cause.
II. **Pharmacology**- Search for active principles.
III. **Doctor-Patient Relation**- Search of efficient treatment of physical and medical causes.

The scientific method brought improvement in the conditions caused by infection, poisoning, injuries, nutrition or personal and environmental hygiene which play major role. The effect was less striking in degenerative diseases. There was no noticeable improvement in degenerative, behavioral, emotional or spiritual disorders. In psychosomatic disorders the effect of modern medicine is questionable. The high unaffordable cost of modern drug is another reason for the search of an alternative system.

Integrated medicine defines "Positive Health is physical, mental, social, moral, spiritual and environmental well-being". This total well-being cannot be attained without integration of scientific medicine and traditional medicine.

TIPS FOR INTEGRATION

If doctors are to remain relevant to the changing needs of society, they have to shape their roles within the context of total human development -Tu, Mya [(6)]

The total human health development means all health i.e. physical, mental, social, moral, spiritual and environmental which can only be achieved by integration of various medical systems specially the modern system and traditional systems. The traditional systems are culture-bound. Some tips for integration are mentioned below –

1. Identification of traditional system available in the country and collection of the relevant scientific information on its principles, diagnostics and therapeutics aspects.
2. Take the possible best of all medical system and develop its teaching, training, treatment, research and national implementation from one platform. The education should be community oriented (students learn about the needs and care of community) for comprehensive health care.
3. Establishment of medical institutions for its teaching, training, treatment and research in individual country and gradually all over the world on same pattern with little variations in accordance with country's legislation and if required necessary modification is suggested.
4. All the activities should be developing on same standard parameters.
5. Every country is free to develop their own traditional system fully and other systems partly (for the sake of knowledge and to understand the best available in the other systems).
6. The base of all systems should be modern medicine (in order to make the system scientific and official) along with applied practicable aspects of concerned traditional medicine.
7. The administrative patterns of all institutions in the world will be uniform (some alteration and moderation can be made depending on local conditions and country's legislation).
8. There shall be close relation between both medical systems (healthy dialogues between both systems).
9. The practice of medicine of traditional system should be more standardized like modern medicine or even better.
10. The practitioners of modern medicine should adopt the treatment of other systems and develop referral services with integrated practitioners or traditional practitioners particularly for chronic, behavioral and psycho-somatic diseases or where there is no definite cure is available and vice versa.
11. There should be annual convention at National and International levels to discuss the progress and problems of further integration.
12. There should be arrangement of short course training program for the practitioners of integrated medicine or modern medicine or traditional medicine.

13. The provision of exchange study program (ESP) should be made at all levels (graduate, post-graduate, membership, fellowship and other super specially) throughout the world without any social, political or other discrimination.
14. Criticism of any system or treatment should be stopped.
15. Develop the attitudes of appreciation.

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CHAPTER - 6

IMPACTS OF INTEGRATION

- Introduction
- Medical Parameters
- Health Parameters.
  - I. Promotion of Health,
  - II. Prevention of Disease,
  - III. Curative Aspects,
  - IV. Disease Limitation.
  - V. Rehabilitation.
- National Parameters.

Every action has some reaction which may be healthy or non-healthy. The healthy impacts are positive and useful. Various medical systems were developed for relive of suffering in various names. They have definite impacts on health services. The impact is proportional to the merits and demerits of systems. Integrated medicine has emerged with integration of modern and traditional systems exiting in the country. In India, Indian System of Medicine (ISM) is comprised of *Ayurveda*, *Siddha* and *Unani* has been taken in account. Being the most develop popular and developed Ayurveda, it is our first consideration for integration as traditional medicine of India, though WAIM has provision of Siddha and Unani medicine also. The impact is that the merits of integration are at par from any single system. Thus, anyone can have highest expectations and best impacts which can be seen directly or indirectly by common men. This impact can be observed on following parameters.

- Medical Parameters,
- Health Parameters,
- National Parameters.

MEDICAL PARAMETERS

The implementation of integrated medicine has direct impact on medical parameters which can be observed from two points of views.

I. Practitioners Views.
II. Patients Views.

I.PRACITIONERS VIEWS

The medical system will be more enriched in its principles, diagnostics and therapeutics aspects because of the integration of the merits of various systems of treatment and healing. This will lead to the practitioners to enable them to use only necessary and emergency management from the modern medicine and further the

utilization of other traditional medicine and healing, depending on its available. Thus, its impacts are:

1. Awareness of complementary/ alternative systems of treatment in the country.
2. Wide publicity of knowledge and skills of emergency medicine of exiting systems (modern and traditional both).
3. Practitioners also have wide choice of treatment and healing depending on the diseases conditions, temperaments, acceptance, availability of medicine, healing modalities affordability.
4. Development of strong and effective measures of management (treatment and healing) for community at large.
5. Easy availability of comprehensive holistic health care to majority of the country.

II.PATIENTS VIEWS

There will be awareness of integrated health system in the country and its utilities not only of health care and management but from other points of views also. The impacts may be seen in following ways:

1. Integrated medicine is economical, effective, acceptable and feasible to majority.
2. Patients are free to choose any system of treatment after the consultation of the qualified practitioners (Freedom of choice of treatment).
3. The system is on the line of Primary Health Care (economical, easy availability, equitably distributed and generated from local resources) so it can be utilized by mass.
4. It is easy to change the system depending on patient's response without much wasting of time and sticking with the patient which is happening with the practitioners of any single system of treatment and healing.
5. In minor or simple case with short training of Yoga and Naturopathic management, the patients can be sent to back home with advice to continue the therapy for rest of the period and come back for periodical checkup as per directions.
6. Maximum utilization of natural resources.

HEALTH PARAMETERS

Health as per definition of World Association of Integrated Medicine is physical, mental, social, moral, spiritual and environmental wellbeing. "It can be achieved by integration of all processes, practices, measures and ingredients available in the country and if possible of abroad under various combinations on

the integrated base of modern and traditional systems. Health must be maintained at any cost. It is individual right also. To maintain the health everybody is free to take the help of any system of treatment and healing. Integrated system can be used as one of the best system to maintain the health. Impact of integration on health parameters can be observed under following heads.

I. Promotion of Health.
II. Prevention Disease.
III. Curative Aspects.
IV. Disability Limitation.
V. Rehabilitation.

I. PROMOTION OF HEALTH

Of course, care of individual health is individual's problem but the health of the entire nation is the national problem with active public participation. This could be achieved by the well planned strategies made by the respective health department of the concerned country. World Health organization (WHO) is the largest technical body to advice and help on health problems. World Health Organization has also identified the integrated medicine. China, Korea, Vietnam introduced integrated medicine in the name of integrative medicine where the combined their traditional medicines in various combinations and the impact of their integration on their health service is in front of the entire world. The impact of introduction of integrated medicine as per definition of World Health Organization and World Association of Integrated Medicine on national health can be observed as:

1. Adequate improvement in general health of the natives.
2. Limitation of family (Adaptation of small family norm).
3. Decreased epidemics.
4. Decreased prevalence and incidence of chronic diseases.
5. Decreased serious illness and reduced complications.
6. Improvement in environment.

II. PREVENTION OF DISEASE

Prevention is always better than cure. The prevention may be individual or mass. Introduction of integrated medicine has a wider view of health education which can be even applied at elementary levels. This will initiate the prevention in every family from very early stage. According to the concept of holistic integrated medicine, the prevention starts from the day of his conception. The prevention of health can be observed as:

1. A wider health education coverage
2. Increased awareness about infective and other dreadful diseases.
3. Awareness of available health service.
4. Mass care for even a simple and early illness.
5. Early attempt of serious illness and complications.
6. Decreased tendency of serious illness and complications.
7. Increased recognition, demand and utilization of local resources.

III.CURATIVE ASPECTS

It is the best parameter to see the efficacy and efficiency of integrated medicine. The impacts can be observed as:

- No fast progress of disease.
- Easy and early cure.
- No serious disease or illness.
- Increased response to initial therapy (Primary therapy) Cardinal relation between practitioners and patients.

IV. DISABILTY LIMITATION

Once disease has developed, it will either be cured or it may give rise to some unwanted physical or mental aftermath. The early and effective medical treatment leads to proper cure. The integrated approach involves the merit of combined system. Thus, the impact can be observed as:

1. The disease process is slow.
2. The disease gets arrest quickly
3. No any serious complication.
4. Disability is corrected with medical treatment.

V.REHABILTATION

Complications and sequelae are more common in isolated medical practice. The practice of integrated medicine reduces the complication and sequelae both. Early initiation of rehabilitation can be observed as:

1. Early consultation with easily available integrated medical practitioners who can early identify the problems and deal effectively or refer them to the appropriate specialist to arrest of progress of disease.
2. Less progression to chronicity leads less complications and less need of sittings for rehabilitation therapies.

3. Easily correctable deformities if corrected in time with rehabilitation, it brings more productive life in short time.
4. Decreased numbers of handicaps.

NATIONAL PARAMETERS

Integrated medicine has both the direct and indirect impacts on national health services. The good health of the community at large is the good mirror of national health parameters. The national health parameters can be observed as:

1. Improved general health of and increased life expectancy
2. Overall growth of the country will indicate - decreased epidemics, decreased death rates (foetal, infants, maternal and general morbidity and mortality).
3. Development of the country in all spheres (health, productivity and prosperity)
4. Increased demand of natural health resources in the world market.
5. Decreased medical expenses.

CHAPTER - 7

STATISTICAL BASIS

- Introduction
- Outcomes
- Variables
- Evaluation

Every sentient and insentient in the universe has come with definite life span for assigned works. Amongst all the life, the human being is highly brained. Man has searched and researched so many constructive and destructive things. Medicine is a gift of the nature to the mankind. Amongst the medicine, the traditional medicines were established first and from the traditional medicine, the modern medicine developed. With the passage of time, the merits and demerits of modern and traditional medicine came out which inspired to develop the third group known as integrated medicine.

Many Great men gave their *ideas, thoughts, definition* and *advocacy* for integrated medicine. The actual integration started after decision of organizational relationship by World Health Organization and the definition of integrated medicine.

The integrated medical program was started on possible scientific grounds at Prashanti Medical Care Institute Varanasi and later on taken by Indian Foundation for Development of Integrated Medicine (IFDIM). These institutions took the challenge to initiate and implement the program of integrated medicine. Later on these institutions were merged with World Association of Integrated Medicine (WAIM) after its inception. The achievement of World Association of Integrated Medicine (WAIM) in terms of outcomes, variables and evaluation from 1990 are highly appreciated. I have faced from the steps of criticism to the steps of appreciations and now the ultimate outcome is as – "Integrated Medicine is the Need of the Day". The statistical assessment of integration can be studied under three heads –

- Outcomes,
- Variables,
- Evaluation.

OUTCOMES

The outcomes of the system are the advantages emerged after its implementation. These advantages are in all spheres of health services as well as in the directions of national development. These can be seen as.

I. Confidence in integrated medicine.

II. Cost Effectiveness.
III. General Training.
IV. Candidate for Primary Health Care.
V. Inculcate Proper Acumen.

I.CONFIDENCE IN INTEGRATED MEDICINE

There is wide acceptability of system because of confidence in the system. We have seen that even the general public started asking that what is integrated medicine and says it is good system. The practitioners of Monopathy (Single System) are participating either with self-involve in other system or involving the practitioners of other system for treatment of some critical, chronic and non-responsive patients of Monopathy. There is an increased interest of practitioners for the course in integrated medicine. The senior practitioners are also thinking to develop integration after short training, self-studies, regular attending the seminars and conferences on such subjects.

II.COST EFFECTIVENESS

Integrated medicine being economical, acceptable, assessable and applicable is most useful for Primary Health Care than any Monopathy. The total cost of treatment in majority problem is lesser than the modern medicine; in some minor problems it is negligible. Thus, it is cost effective system.

III.GENERAL TRAINING

The general training is very important. In order educate the population, the range vary from a child to even an old age people. There is provision of training to all as:

- Students,
- Practitioners,
- Public.

In regular academic programs, the training is being imparted to undergraduate, postgraduate and senior practitioners of various medical systems of treatment and healing. There is provision of annual meeting for further development and assessment of the progress of education and training. The training to public for minor ailments with help of domestic households and with the herb grown in kitchen garden can be easily imparted. The training is given as skill development program to the people.

IV. CANDIDATE FOR PRIMARY HEALTHCARE

The trained students of integrated medical system are the real practitioners for better health care delivery in actual Primary Health Care (PHC) to achieve the goal of Health for all (HFA) 2000 and onward. The World Health Organization, South East Asia Region Office, New Delhi has already appreciated as the right steps to the course and curriculum of Indian Foundation for Development of Integrated Medicine (1992) and further the World Health Organization, Head Quarter, Switzerland, Geneva in 1994. Thus, trained personnel are best source to be utilized of their service in achieving the goal of Health for All (HFA) 2000 and onward.

V. INCULCATE PROPER ACUMEN

The repeated inculcation of the merits of integration in intellectuals through various conferences, seminars, workshop and literatures are bringing a very positive result in favor of system because of their acumen. This is great achievement in direction of establishment of integrated medicine.

VARIABLES

These are the changeable parameters which accommodate the healthy aspects of researches and discard the useless and obsolete aspects. In establishing integrated medicine as a system of treatment and healing, there are certain important variables as:

I. Diagnostics.
II. Therapeutics.
III. Educational Model.
IV. Implementation.

I. DIAGNOSTICS

Integrated medicine has emerged as combination of modern and traditional medicine. Thus, all the exiting diagnostic tools used in diagnosis of integrated medicine are the same of modern and traditional systems. There is need to develop more specific and sensitive tools to detect the early lesions and early effective therapies. There are strong possibilities to develop such tools.

II. THERAPEUTICS

In the beginning, especially during the emergency, the modern medicine is indicated and thereafter, depending on the condition of the patient, modern and or traditional medicine and or healing is used. There is an urgent need to develop.

1. Establishment of independent Integrated Medicine manufacturing units. (Development of Integrated Medicine Pharmaceutical Companies).
2. Universally acceptable medicine and medicament products.
3. Most potent drugs for emergency management either in isolated system or with the combination of the other systems need to be developed.
4. Establishment of formulations for single, economical, long acting, non-toxic, easily available medicine for various chronic and degenerative diseases.
5. To find out the accurate, specific measures to deal the psychosomatic and spiritual problems.
6. Identification and isolation of active principles or ingredients of various natural resources as herbs and other biological used directly as therapeutic measures in traditional medicine is required to be established.

III. EDUCATIONAL MODEL

The exiting educational model is based on modern medicine. A most sophisticated universally acceptable model of education need to be developed which should be:

1. Economical.
2. Universal acceptable.
3. Easily applicable.
4. Flexible.

IV. IMPLEMENTATION

Every nation is free to take care of health of their native in own way depending on many factors. The integrated medicine program (IMP) in India is on the pattern of existing National Health Service program with addition of early health education from elementary educational level and maximum utilization of local resources. Thus, implementation requires:

1. Uniformity in program.
2. Equitably distributed Program.
3. Standard supervision and corrective measures.
4. No favor or criticism to any state or any system of healing.
5. Healthy feelings and dialogues between the various existing systems.

EVALUATION

Evaluation is healthy process in direction of improvement. The evaluation of program shall be made in following directions:

I. Minimizing unemployment,
II. Service to common man,
III. Research for better services.

I. MINIMIZING UNEMPLOYMENT

The program has been started as a unique way to solve the problems of unemployment. Acceptance of this program has created a motive force amongst the acceptors for undergoing the training of integrated medicine and its allied disciplines (traditional, alternative, holistic medicine / healing and medico-technical education) which will provide the opportunity to such trained personal to serve through government, semi-government of private institutions. Thus, the problems of unemployment can be minimizing to certain extent in youth who are the future of country. The utility of resources in treatment and healing has encouraged the other people to find out and grow the quality natural resources and supply it for the use and get the feedback in terms of money.

II.SERVICE TO COMMON MAN

The scattered geographical distribution of the population in the country faces difficulty in getting the proper benefits of the exiting health care facilities with its limitations in particular area or segment of defined locality. The increasing cost of the modern medicine, non-available of drugs, qualified personal are the root cause of not reaching the benefits of health service to the common man. The students are prepared with the proper guidance and training for the service to community (Community oriented training). Thus, the trained students of integrated medicine are most useful to serve the community both efficiently and effectively.

III. RESEARCH FOR BETTER SERVICES

The equation of demand and supply is applicable to all the programs. The increasing demand by the society for the better services provided by integrated medical practitioners are the motive forces for initiating more institutions. With the improved quality and quantity of integrated service, more and more new practically feasible ideas will emerged, which has to be introduced in the system. This will provide multi-fold improvement in integrated medical program (IMP) and the quality of life of the people. The constant evaluation and addition of new development through searches and researches will give new direction for better service.

CHAPTER –8

ORGANISATIONAL MANAGEMENT

- Introduction.
- Organizational Management.
- Government Organization.
- Non- Government Organization.
- Help to NGO from Government.

From very beginning the society and individual follow the rule of society and their family. In due course of time it became tradition which is still going on. In modern world, one has to work according to the defined rules and regulations. Of course, it is true to certain extent but those who searched and researched certain new for the benefits of society and nation had the history of some deviation from the routine line and later they were known as searcher. Most of the researches are around the searches. In modern scenario, no one organization /association/institution started with registration and reorganization. Same is the case with medical systems also. Everyone earned the recognition by virtue of its service to the community.

The system was started and served the community; the community took the benefit and realized its need and utilities and ultimately the system got the national and international recognitions through the concerned department of the government. They took the necessary steps and then systems were given due considerations by the respective government and were ultimately recognized after some alteration and moderation. The traditional system of treatment and healing in India has also has travelled centuries to get the present status.

ORGANIZATIONAL MANAGEMENT

Any development is only acceptable when it is in public interest at mass level. In order to get the popularity, the involvement of the Government in one or the other way is must. The involvement may be direct or indirect by the state or the central or both Governments. It is not possible to perform all the work by the government even in the most developed countries of the world. In India, the Government involves directly and indirectly in all the institutions of public interest. Depending on the involvement of the Government, the organizations are of two types:

- Government Organization (GOs.)
- Non-Government Organizations (NGOs.)

GOVERNMENT ORGANIZATIONS

Here, the concerned department in the government initiates the planning and get its necessary approval of the Government or the vice versa the Government ask the department to initiate the planning and after necessary approval the planning is implemented through the concerned department with its resources through their agencies. Here, all the official formalities are smooth and effortless.

FEATURES OF GOVERNMENT ORGANIZATIONS

The governmental organizations (GOs) have following salient features.

1. It is established by the concerned department of the country or state.
2. The entire aims and objectives are decided by concerned head of the department of state or the nation.
3. All the requirements are fulfilled by the government.
4. It may or may not have representatives of NGOs.
5. No public interference because of the government, but public can represent incase if their interest is loss.

NON- GOVERNMENT ORGANIZATIONS

Here, the likeminded people assemble and held meetings to discuss the plan, its merits and demerits including resources for management. After the meeting and reaching to definite conclusion, they get the institution registered with the concerned Registrar of Societies, Chits and Firms which is a state Government office established for the registration purposes. After getting the registration, one is entitled to initiate the program in accordance to the aims and objectives registered in the memorandum of association of the society and move further for its recognition and affiliation of their institution with higher institutions.

FEATURES OF NON-GOVERNMENT ORGANIZATIONS

The nongovernmental organizations (NGOs) are having following salient features. These are common for most of the NGOs.

1. It is registered organization with the concerned regional/state, Registrar of Societies, Chits and Firms.
2. The registration is under definite national or state legal acts.
3. It has definite aims and objectives around which it moves for its activities.
4. Every organization has its own name, aims and objectives. It can have its copyright and even patent also.
5. It may involve government representative as member.

6. Registered document of nongovernmental organizations (NGO) is pivot around which it moves (continue its activities).

COMMON ACTVITIES OF NGOs

The following are some of the common activities of nongovernmental organizations (NGO):

1. **Implementation of Aims and Objective:** Every NGO is responsible for implementation of programs in accordance to the aims and objectives for which it has been registered.
2. **Collaboration with Other Agencies:** Mostly, the institutions runs in isolation but the institutions having wider views of coverage must develop the collaboration and coordination with other NGOs of similar aims and objectives.
3. **Help to National Government:** Many NGOs help a lot to governments especially during accidents, epidemics and natural calamities. Some of the larger institutions help the national and other governmental and non-governmental organizations as WHO, UNICEF, UNESCO etc.
4. **Initiation of Various Institutions:** Many NGO has started the branches of the institutions or a new registered institution or affiliates other institutions of similar nature in the state and country depending on the needs and demand. Many national governments have opened their offers to initiate educational institutions for NGOs.
5. **Collection of the Funds:** In order to achieve the aims and objectives, the resources can be obtained from -*Personal, Public and Government*.

HELP TO NGO FROM GOVERNMENT

The non-governmental organizations (NGOs) formed under the central or the state government can avail plenty of the facilities from central and state governments. Based on the activities, the government provides the help in following ways:

1. Registration of any organization.
2. Recognition of the organization by virtue of its performance.
3. Necessary assistance to organization to carry out their activities and further the government works if required.
4. Promotion of the activities of non-governmental Organization (NGOs) inside the country and abroad.
5. Necessary assistance in standardization of the activities of organizations.
6. Advice for financial supports from various national and international organizations.

CHAPTER - 9

WAIM AS NGO

- Introduction.
- Backgrounds of WAIM.
- Administration of WAIM.
- Academic Landmarks

World Association of Integrated Medicine (WAIM) is a nongovernmental organization (NGO) registered under Societies Registered Act XXI of 1860 by the Government of Delhi. Well before, the World Association of Integrated Medicine established, the seed of Integrated Medical Education Program (IMEP) was showed by Padmshri Prof. K N Udupa and Dr. N.P. Dubey on May 28th1990inPrashanti Medical Care Institute(PMCI), Varanasi. Prashanti Medical Care Institute (PMCI) was registered by Government under SR Act No XXI of 1860 on 23rd February 1991. Later on "Indian Foundation for development of Integrated Medicine (IFDIM)" was established. It was established to maintain the standard of Integrated Medical Education Program (IMEP) in India through its associated and affiliated institutions. Indian Foundation for development of Integrated Medicine (IFDIM) was registered under Societies Registered Act XXI of 1860 by the Government of Delhi on 29th May 1992 where Padmshri Prof. K.N. Udupa, Former Director, Institute of Medical Sciences, Banaras Hindu University was President and Dr. N.P. Dubey as Secretary.

BACKGROUNDS OF WAIM

On 27th November 1993, Dr. N.P. Dubey, Secretary, Indian Foundation for development of Integrated Medicine (IFDIM) was invited to present a paper on ***"Introduction of Integrated Medicine in India"*** in Colombo, Sri Lanka. The paper was well appreciated by the mass of the delegates from all over the world. The presentation forced many likeminded people to have a meeting and form an International Organization of Integrated Medicine and ultimately the World Association of Integrated Medicine (WAIM) came in existence on paper on 30thNovember 1993 in Colombo, Sri Lanka. Prof. John Whitman Ray, Cook-Is-Land was nominated as President and Dr. N.P. Dubey as Secretary of the organization. Initially, few members were nominated as executive members from Thailand, Malaysia, USA, Australia, Sri Lanka, Singapore, Spain, Korea, Pakistan, Abu-Dhabi. Being founder, it was unanimously resolved to have all the powers (academic and administrative) with Dr. N.P Dubey who has initiated the educational pattern of integrated medicine.

The First International Academic Program on Integrated Medicine (FIAPIM-95) was organized from 5th to 12th November 1995 at Swatantrata Bhavan , Banaras Hindu University, Varanasi by Dr. N.P. Dubey. During the conference, Prof. John Whitman Ray, President of World Association of Integrated Medicine was present to hold a "Work Shop on Cranio-Sacral Therapy". During the conference a meeting of the executive member of World Association of Integrated Medicine held under president ship of Prof. John Whitman Ray. In the meeting Prof. John Whitman Ray informed about his inability to continue as president due to personal problems. He proposed the name of Dr. N.P. Dubey to be as Founder President of World Association of Integrated Medicine and Dr. A M Meera, Secretary of the World Association of Integrated Medicine advised to abolish the post of Secretary and provide all the power to the president. The entire proposal was unanimously approved by the members. Dr. Dubey was requested to kindly get World Association of Integrated Medicine registered as per country rules at least in India and rest of the Members will be the member of the World Association of Integrated Medicine from their country and will work as Country Representative as long as they can continue. The members were advised to find out the way of registration of the institution of similar nature in their respective countries. Since then, Dr. N. P. Dubey is working as Founder President of World Association of Integrated Medicine. The World Association of Integrated Medicine got registered under Societies Registered Act XXI of 1860 by the Government of Delhi on 9th July 1996 in India. Dr. N.P. Dubey has brought Integrated Medicine and World Association of Integrated Medicine on the Global map. The detailed meetings and discussions are mention in forth coming chapters. The country should feel proud to be the pioneer of the Integrated Medicine Education Program (IMEP) run under aegis of World Association of Integrated Medicine.

ADMINISTRATION OF WAIM

The World Association of Integrated Medicine (WAIM) is an autonomous institute of integrated medicine. The purpose of the association is to impart the integrated medical education program (IMEP) on possible systemic and scientific grounds for the benefit of community at large. The World Association of Integrated Medicine (WAIM) is the main parent body responsible for administration, planning and implementation along with other related activities. The academic activities are carried out by Indian Foundation for Development of Integrated Medicine (IFDIM). The standardisation of academics programs and registration of successful candidates are taken care by International Integrated Medicine Council (IIMC). The administration of WAIM has divisions.

I. Administrative Division.

II. Academic Division.
III. Regulatory Division.

I. ADMINISTRATIVE DIVISION

World Association of Integrated Medicine (WAIM) is the main body for overall administration. Besides, the routine administration, WAIM is responsible for all planning, implementation and management. The managerial division has following main functions:

1. Planning and implementation of programs.
2. Identification and establishment of Institutions.
3. National and international communication with government and non-government organisations.
4. Arrangement of faculty for academic programs.
5. Arrangements of finance for running the organisation.
6. Organisation of academia and national international conference.
7. Overall planning, implementation, supervision and evaluation of all divisions of WAIM.
8. Any other function in the best interest of WAIM and its various division of WAIM.

II.ACDEMIC DIVISION

Academic division of World Association of Integrated Medicine is responsible for all academic activities. The academic programs are developed by Indian Foundation for Development of Integrated Medicine (IFDIM) and carried out by various accredited / affiliated and associated institutes of integrated, traditional, alternative, holistic and medico-technical institutes. The academic division has following main functions:

1. Planning and preparation of standard course curriculum.
2. Identification and establishment of standard Institutions.
3. Identification of faculty for academic programs.
4. Guidance and arrangements of students according to Institutes of WAIM.
5. Organisation of academia calendar.
6. Proper implementation of course curriculum.
7. Proper completion of examination and publication of result in time.
8. Arrangement of Grade Sheet Certificate.

9. Overall planning, implementation, supervision and evaluation of academic programs.
10. Any other function in the best interest of academic program of WAIM.

III. REGULATORY DIVISION

Regulatory division of World Association of Integrated Medicine is a key division. The regulatory activities of WAIM are carried out by **International Integrated Medicine Council (IIMC)**.The regulatory division has following functions:

1. Standardisation of course curriculum.
2. Approval of Institutions.
3. Identification of the quality of faculty for academic programs.
4. Categorisation of students for particular registration.
5. Completion of registration according to Calendar.
6. Time to time evaluation of institutions.
7. Registration of successful candidates according to faculty.
8. Any other function in the best interest of academic program of WAIM.

ACADEMIC LANDMARKS

World Association or Integrated Medicine (WAIM) is Non-governmental Organization (NGO) dedicated for establishment of integrated medical programs (IMPs). World Association or Integrated Medicine has laid the following academic land marks:

1. It is registered organization under Society Registration Act Government of Delhi, India.
2. The course curriculum of World Association of Integrated Medicine has received the national and international appreciations.
3. World Association of Integrated Medicine and its institutions have Copyright for its institutional and literary materials from Department of Education, Government of India.
4. World Association of Integrated Medicine has its networking in India and abroad.
5. World Association of Integrated Medicine is constantly trying for establishment of integrated medicine and its educational pattern (*teaching, training, treatment, research and national implementation*) in India.

6. The programme of integrated medicine has been discussed and appreciated by many Government and Non- Government Organization of the World.
7. World Association of Integrated Medicine has established institutions for administration, academic activities and registering council in the name of International Integrated Medicine Council (IIMC).
8. The course and curriculum of integrated medicine and paramedical courses has been incorporated in the Statute of Mahatma Gandhi KashiVidyapeeth University (A State University of Government of UP). The university is recognized University by UGC, Ministry of HRD, AICTE, NCTE and other technical institute of India.
9. World Association of Integrated Medicine has developed its own course and curriculum for undergraduate, postgraduates. It offers - ***Certificate, Postgraduate Diploma and advance Diploma in integrated medicine and its allied branches and specialities***.
10. World Association of Integrated Medicine offers membership, fellowship in integrated, medicine to qualified practitioners and supporters of the system.
11. The Post Graduate Diploma in Integrated (Cardiology and Gastroenterology) along with alternative medicine was incorporated in CMJ University, Meghalaya through Centre of Collaboration of Industry and Intuition (CCII). The university is recognized University by UGC, Ministry of HRD, AICTE, NCTE and other technical institute of India.
12. World Association of Integrated Medicine has a Quarterly News Paper named International Integrated Medical Forum (IIMF) for its national and International snews.

CHAPTER - 10

COMPONENTS OF INTEGRATION

- Introduction
- Required Components.
- Pre- requisites Components.
- Implementable Components.
- Educational Components.
- Applied Components.

"Integrated is the need of the Day". The need I not only in India it is all over the world. It is in practice from the origin of the human culture and civilization in the universe. The traditional medicine is practiced in one or the other ways in various names as- integrative medicine, complementary medicine, alternative medicine, holistic medicine / healing and so on. As per definition of World Health Organization, ***Integrated System is defined where the modern and traditional medicine is merged in medical education and jointly practiced within a unique health service complex.*** The Indian Foundation for development of Integrated Medicine (IFDIM) defined ***Integrated Medicine is defined as combination/unification of the modern and traditional medicine and development of its teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of all aspects i.e. principles, diagnostics and therapeutics in one combination but it can also be done even in principles and or diagnostics and or therapeutics***. Indian Foundation for development of Integrated Medicine (IFDIM) established the definition and later on World Association of Integrated Medicine started implementation and move ahead in order to make it more academically acceptable and practically feasible. Each components of integrated medical system is important and invaluable as the system is holistic medical system.

REQUIRED COMPONENTS

Before, implementation, the required components of integration must be clearly understood. The required components are grouped in two major groups –

- Pre-requites Components.
- Implementable Components.

PRE-REQUISITES COMPONENTS

Integrated system has many more merits which are not present in any single system. Some of the important merits could understand from following pre-requisites:

I. **Identification of System-**The country must have own or acquired traditional / alternative system of treatment/healing.

II. **Collection of Documents-**There should be some basic information on traditional systems of treatment/healing.

III. **Assurance of Acceptability-** In spite of social demand and acceptability, there should be political will help and protection.

IV. **Legal Implications**- Everyone needs safety, so with the academician and the students of integrated medicine, they also need legal protections.

V. **Dialogue between Practitioners-**There should be regular meetings and healthy dialogue between the practitioners of modern and traditional medicine, alternative medicine / healing to discuss the necessary matters of mutual benefit to all systems.

VI. **Remarks of Appreciation-**There should enough healthy atmospheres amongst the practitioners and academicians to appreciate each other.

IMPLEMENTABLE COMPONENTS

Implementation aspects of integrated medicine have two major implementable components need to be implemented properly and effectively. These components are:

I. Educational Components.
II. Applied Components.

I.EDUCATIONAL COMPONENTS

Integrated medical system has five components which need to be implemented in effective manners. These components are:

A. Teaching.
B. Training.
C. Treatment.
D. Research.
E. National implementation.

A. TEACHING: There is an urgent need to introduce the basic teaching and advance teaching in the institutions of integrated medicine according to the course and curriculum of integrated medicine. As long there is no properly established institute of integrated medicine, the course and curriculum to be introduced in the present institutions of modern and traditional medicines. The teaching is based on the teaching of scientific medicine. Some of the element is not possible on exact scientific basis, in such case after evaluation a nearby

acceptable scientific terms should to be used. This will create the scholars for future development of integrated medicine.

B. TRAINING: All the medical students (modern and traditional medicine) should be trained according to the integrated medical teaching, training and treatment on possible scientific grounds.

C. TREATMENT: The young medical graduates and practitioners of modern and traditional medicine to be given short term training of certificate level in order to trained them for the use of common medicines of modern and traditional systems. Desirous candidates can go for higher education as postgraduate diploma, advanced diploma/degree in integrated medicine.

D. RESEARCH: In order to have standard integrated medicine program the following aspects to be taken in account:

1. Certain traditional aspects of traditional medicine to be made understandable to the practitioners of scientific medicine.
2. Methods of integrated holistic health care (IHHC) aspects of integrated medicine to be developed and strengthen.
3. Constant efforts to be made for unscientific aspects of traditional medicine to make it scientific as much as possible but so long success is not achieve that aspect to be accepted as such unless until developed scientific or an alternative aspect.
4 Other efforts in the best interest of traditional, modern and integrated medicine.

E. NATIONAL IMPLEMENTATION: The integrated medicine program (IMP) should be implemented on the set exiting pattern of Medical Health Services in the country with some local modification or as directed by World Association of Integrated Medicine. The implementation must be stress of community involvement. There should be close collaboration with exiting health care delivery system without any interference in their routing program.

II. APPLIED COMPONENTS

Applied components of **i**ntegrated medical system has three major components which need to be implemented in most effective, with existing merits and maximum preservation of holistic aspects. These components are:

A. Principles of Integrated Medicine.
B. Diagnostics of Integrated Medicine.
C. Therapeutics of Integrated Medicine.

A. **Principles of Integrated Medicine:** Principles of any system is the pivot around which the system revolves. The fundamental principles of integrated medicine are- comprehensive health care which take care of alleviation of sufferings, restoration to normalcy and rehabilitation of handicaps while the philosophy is holistic natural philosophy which care for holistic health and faith in Divinity.

B. **Diagnostics of Integrated Medicine:** Integrated medicine involves all the diagnostics available in modern and traditional medicines. In some cases we may need to consider the holistic diagnostic which helps on holistic health care in treatment and healing both.

C. **Therapeutics of Integrated Medicine:** Besides, routine modern and traditional treatments as -medical, surgical and rehabilitation, the integrated medicine provides holistic treatment and healing which treat and heals the patients according to disease and disability in total (Whole through holistic treatment).

CHAPTER - 11

FACTORS IN INTEGRATION

- Introduction.
- Factors in Integration.
- Background Factors.
- Personal Factors.
- Professional Factors.
- Public Factors.
- Political Factors.

Integrated medicine is being felt as the need of the day, not only in India but all over the world. The traditional medicine being practiced in one or the other forms in the names as- integrative medicine, complementary medicine, alternative medicine, holistic medicine/ healing and so on. The Indian Foundation for development of Integrated Medicine (IFDIM) defined ***-Integrated Medicine is combination/unification of the modern and traditional medicine and development of its teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of all aspects i.e. principles, diagnostics and therapeutics in one combination but it can also be done even in principles and or diagnostics and or therapeutics***.

The Indian Foundation for development of Integrated Medicine (IFDIM) and its first institution Prashanti Medical Care Institute (PMCI) started the educational program long before which is now leaded by World Association of integrated medicine (WAIM). It is well designed, developed and appreciated program of integrated medicine which needs to be properly implemented.

FACTORS IN INTEGRATION

During implementation of integrated medical education program (IMEP), we came across many factors which were almost known but were not realize. The necessity is mother of invention. During the initial phase we noted many factors, out of all the following ***Integrated Ps. Factors*** are [(1)]:

- Backgrounds Factors.
- Personal Factors.
- Professional Factors.
- Public Factors.
- Political Factors,

BACKGROUNDS FACTORS

Integrated medicine has a strong background laid by our culture which always inspires to move forward for establishment of the system. Besides, many unknown, unnamed contributors from divine cosmic era to modern era, the contributions of the **Searcher** and **Great men** (*scientist, social works, politicians, educationists, and academicians*) are worth to keep in view. Integrated medicine is as old as the traditional medicine and practice as the then practitioners used the traditional medicine in combination with *naturopath, diet, herbs, lifestyle etc* according to the traditional knowledge, customs and believe.

The latest modern integration started after including of traditional systems in World health Organization Program. The WHO recognized four types organizational relationship between official and traditional health care services i.e. *Monopolistic, Tolerant, Parallel* and *Integrated*. Here, the integrated medicine is defined as - *modern and traditional medicine is merged in medical education and jointly practiced within a unique health service complex*. Based on the definition following steps were taken in India by World Association of Integrated Medicine and its founder parent organization. Some of the important landmarks are:

- **In 1983, the Government Formulated National Health Policy-** To achieve the goal of Health for all by 2000 AD where Government desired to promote the integration and well considered steps were thought to achieve the optimal result as need of the time.
- **Dr. Karan Singh**, Former Union Minister of Health stressed on the need of combining the indigenous and modern medicine to achieve the optimal as need of the time.
- **In 1990, Padmshri Prof. K N Udupa and Dr. N P Dubey** met in a meeting and had three days discussions on the matter of integrated medicine and ultimately both reached to the conclusion to initiate the integrated medicine through institution and the first institution of integrated medicine was started as non-governmental organisation in Varanasi in the name of Prashanti Medical Care Institute (PMCI) where Padmshri Prof. K N Udupa joined as Director of Institute and continued till last breath. He had the great hope of establishment of integrated medicine as independent system of treatment at least in India which will be followed by the entire world.
- **Dr. N P Dubey through World Association of Integrated Medicine** is continuing the mission of the global establishment of Integrated Mission. He has great believed and hope of the blessings of all past contributions of

Searcher and Great men (*scientist, social works, politicians, educationists, and academicians*)of the nation.

- Sri Sri Sri Prof. **Dr. A.V. Srinivasan**, Founder Chairman, Sri Paripoorna Sanathana Charitable Trust (R), Arjunabettahalli, Nelamangala, Bangalore in association with **Dr. Nagendra Prasad Dubey** (Dr, N. P. Dubey) has submitted **"A Project Proposal"** on establishment of integrated medicine as an independent Medical System in India to Hon'ble Sri Narendra Modi, Prime Minister of India for accepting the Project proposal for the benefits of the future generations on 13th August 2021.
- **Dr. Anshuman Kumar,** Specialist on Health Policy has stressed in his article in "*National Sahara Hastkshep*" Page 4 on 28th May 2022 to develop the Concepts of Integrated Medicine as compared to various "Bridge Courses" to modern and Indian System of Medicine respectively.
- **Prof K N Dwivedi,** Executive Member of the Indian Council of Research in Ayurveda and Dean, Faculty of Ayurveda, Banaras Hindu University, Varanasi has stressed that in order to achieve the goal of the "National Health Mission" the integration of modern and traditional medicine is necessary (*Daily Dainik Jagran, Varanasi*). He was presiding in a Satellite Seminar of 9th World Ayurvedic Congress on 2nd September 2022. The recommendation is in accordance to the concepts of World Association of Integrated Medicine.

MERITS OF BACKGROUNDS

Proper future development is only possible if past and present has been properly taken in account. The past and present are the foundation of coming future in any sphere of life. The development of various medical systems of treatment and healings has derived from the experience of the past. The following are the merits of backgrounds.

- Backgrounds are the foundation for further building of system.
- It indicates the level of thoughts and acts of the earlier great men.
- It gives direction and way of corrections to move ahead.
- Involvements of great men give strong motivational backgrounds to all other factors.
- It provides the evidence of cultural background and heritage.
- It is very good guide of further innovation.

PERSONAL FACTORS

The personal factor is very important in order to establish the truth of integrated medicine. Dr. N P Dubey being a qualified a Pulmonogist of modern medicine involved himself in established integrated medicine. When he moved for the cause integrated medicine, he was employed with the state government and had got his promotion; he had good medical consultation practice. Inspire of all he preferred to jump for establish integrated medicine in India and later the global. Thus, the devotion and dedication is great sacrifice for the establishment of integrated medicine.

MERITS OF PERSONAL FACTORS

The self-involvement as one of the leader of the system had given a lot of merits. The following are the main merits of personal factors.

- Having background of modern medicine gave strong motivational ideas and thoughts of motivation and mobilisation.
- It provided easy way of motivation of public and professional.
- The ideas of holistic medicine, made easy to follow integration.
- The practitioners of traditional medicine liked the approach and supported the vision.
- The practitioners of modern medicine liked the approach and supported the vision except little opposition due to their personal attitude.
- The traditional healers started mobilise and happily accepted the integration.

PROFESSIONAL FACTORS

Treatment and healing is available from divine cosmic era in one or the other given by the then practitioners or healers. They all are called professional in modern terms. The treatment and healing had their name according to the then situations. The system came down generations to generations without any written records. Thereof the systems has various name as- as- *indigenous, unorthodox, alternative, ethno, fringe, folk, unofficial medicine and healing*. The modern medicine evolved from these systems on scientific grounds. With the passage of time, it became the official system of most of the country of the world. The further development of modern medicine started gradual gap between the modern medicine and traditional medicine. Both were surviving in their atmosphere. Both

systems have some merits and demerits. The demerit of one system is present as merits in other system.

MERITS OF PROFESSIONAL FACTORS

Professional factors are the key of integration as without their involvement and motivation the integration is not possible. The following are the main merits of the factors:

- Understanding of the merit and demerits of the system.
- Realising the limitation of particular system.
- Growing healthy atmosphere in various system.
- Sense of appreciation to each other.
- Increased professional dialogues.

PUBLIC FACTORS

Public is the base for creation, development and utilization in most of the aspects of life. Whatever development is done by the concern government, it is done in public interest. For the development of integrated medicine they are the base as acceptor and rejecter for the use of integrated medicine. Integrated medicine being economical and easily available is well accepted and appreciated by the public. The opinion of the public is very strong motivational force behind the development of integrated medicine.

MERITS OF PUBLIC FACTORS

Success and failure of any program is depends on the acceptance and rejection of the mass of the country. It depends on the merits of the products. The following are the merits of public factors.

- The acceptor will be in mass.
- The system is cost effective.
- Public participation in cultivation of necessary medicinal herbs.
- Increase avenue of employments.
- Utilisation of natural products for their health and wellness.
- Local development and increase per capita income.
- Availability of health care delivery nearer to the home.

POLITICAL FACTORS

In modern era, the political factors are the supreme as it helps from the imitation of thoughts to initiation of implementation (as - registration, planning, implementation and supervision of any national programs and project). They are the policy maker and help in implementation of all program. Nobody can implement on broad base even the best in the interest of the common men without the political support. It is more difficult in most of the developing country to get the political factors mobilize easily unless one has not strong political backgrounds.

MERITS OF POLITICAL FACTORS

Success and failure are dependent on the political structure and function of the country. The political factors set the mind of nation for particular program. The following are the merits of political factors.

- Overt recognition of program.
- Legal guardianship to the program.
- Easy implementation without any resistance.
- Availability of concerned government offices for specific help.
- Time to time financial supports from the concern government for boosting the program in the best need of public.

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1. *Dubey; N P;* Basic Principles of Integrated Medicine; Operational Factors in Integration; Revised Edition; 2002; P.146.

CHAPTER - 12

OPERATIONAL LEVELS

- Introduction.
- Operational Prerequisites.
- Operational Levels.
- Community Level.
- Professional Level.
- National Level.
- International Level.

Integrated medicine had been the dream, thoughts and ideas many great men of the nation. It has long history of its presumptions, assumption and initiation. The ultimate integration on possible scientific grounds was initiated after the definition of World Health Organization as -*Merger of modern and traditional medicine in medical education and jointly practiced within a unique health service* before *Alma Ata Declaration in 1978*[1]and further the comprehensive definition by Indian Foundation for development of Integrated Medicine (IFDIM) as- ***Integrated Medicine is combination/unification of the modern and traditional medicine and development of its teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of all aspects i.e. principles, diagnostics and therapeutics in one combination but it can also be done even in principles and or diagnostics and or therapeutics***. The present modern integration started in accordance to the definition of Indian Foundation for development of Integrated Medicine which is leaded by World Association of Integrated Medicine.

OPERATIONAL PRE REQUISITES

Integrated medical system has many more merits which are not at all present in any single system. Some of pre-requites for implementation are:

1. Identification of major practiced traditional system in the country.
2. Collection of possible scientific information on traditional systems.
3. Assurance of socio-political acceptability and legal recognitions.
4. Dialogue amongst the practitioners of modern and traditional medicine.
5. Documents of appreciation of system in the country.

OPERATIONAL LEVELS

The integrated medicine was initiated with integrated medical educational program (IMEP) along with service to the surrounding community. Indian Foundation for development of Integrated Medicine (IFDIM) realized the need of its implementation at four levels:

- Community level.
- Professional level.
- National level.
- International levels.

COMMUNITY LEVEL

Community is the main base and source to implement any program. The success and failure is declared after use of the products in community, as community is the sufferer, acceptor and providers of all the information on related parameters. Community helps in *Teaching. Training, Treatment, Research and Implementation* of integrated medicine. Thus, community level is important from following point of views:

1. Source of implementation as consumer.
2. Source of information on traditions, culture and believe in particular community.
3. Production and preservation of traditional resources used in traditional medicine and modern medicine.
4. Availability of students and resource persons.
5. Motivator to **Decision Maker's** through their social and political rights.

PROFESSIONALLEVEL

Professional bondage is the key of development of integrated medical educational program (IMEP). Initially, there was gap and gulf between practitioners of traditional and modern medicine. With the passage of time, the gulf between the traditional and modern systems appears to have been narrowed. The practitioners of modern medicine have developed some interest in traditional medicine and the practitioners of traditional medicine are beginning to accept and use modern medical technology in diagnosis and treatment. Practitioners of both systems have realized the merits and demerits of their systems. Implementation of integrated medicine at professional level needs cordial co-operation, collaboration and assistance of the practitioners, educational

institutions and related administration of exiting systems in the country. In order to meet out the demands, there should be –

1. Identification of practitioners of modern and traditional medicine.
2. Promotion of healthy dialogues between both systems of practitioners..
3. Establishment of National Body as national integrated medical board (NIMB).
4. As long as the national integrated medical board (NIMB) is not coming in existence; World Association of Integrated Medicine (WAIM) may be permitted to complete the academic programs.
5. As long as the integrated medical graduates and postgraduates are not available adequately, the programs should be run by the existing qualified practitioners of modern and traditional medicine in the country with short terms trainings.
6. Establishment of a separate National Council for enrolling the successful candidate of integrated medicine and allied medical systems. In the mean times, International Integrated Medicine Council (IIMC) may be allowed for registration to the students.
7. Establishment of National Integrated Medical Organization (NIMO) for organizing the academic conference, seminars, workshops along with communication with the concern government.
8. There shall be attitude of appreciation amongst the practitioners rather them criticism.

NATIONAL LEVEL

Health has been always the problem for the planner and policy makers of the government all over the world. Every nation wants to provide the best health infra-structure to their people. On the other hand every individual is free to choose the health facility according to their need and facility. Traditional integrated medicine as addition of – *herbs and its products, yoga, diet, minerals* etc are being used by the practitioners without any training. At national level, following steps need to be initiated–

1. Formation of national policy for establishment of integrated medical system.
2. Overt recognition to the existing integrated medical system.

3. Legal protections, social equality and provision of employment to be made.
4. Institutionalization on possible scientific grounds with instruction of preservation of possible traditional values of traditional medicine.
5. Provision of such training to those who wish to acquire or enhance the knowledge and skills under standard short course programs. WAIM has developed such programs.
6. Formation National Integrated Medicine Organization (NIMO) like other exiting medical systems.

INTERNATIONAL LEVEL

Integrated medicine has become the need of the day in the entire world. In order to involve the governmental and non-governmental organizations (GOs and NGOs) at international levels, the following strategies to be taken account.

- Exploration of the attitude of Community, Professionals and the Government.
- Explain the merits of the integrated system.
- After properly convincing they should be guided to involve in medical and health care delivery accordance to the respective country legislation..

Once the possibility and feasibility of implementation is clear, the following steps to be taken in accounts.

1. Identification of all the governmental and non-governmental organizations (GOs and NGO).
2. Find the academic and health statistics of the traditional medical system in the country.
3. The existing institutions come forward and form a group if not formed earlier.
4. All integrated health oriented (IHO) *Social, Professional and Political* people should come forward and motivate the authorities for integrated medicine.
5. The International Health Organizations as WHO, UNICEF, NIH should come forward to put up the positive aspects of integrated medicine in global news.
6. Though, every country has option of health care delivery to their people. Even, if the country or its state wishes to implement the program of integrated medicine, they can move according their county's legislation.

7. If any country wishes to implement the program of integrated medicine, the World Association of Integrated Medicine is ready to help to certain extent within their country's curriculum.
8. Development of new research methodology for effective integration of traditional and or modern medicine of that particular country.
9. To make the provision of exchange study program (ESP) for mutual benefits.
10. To motivate the **"Decision Makers"** to include the integrated medicine in legislation.
11. To arrange financial supports to the institutions of integrated medicine.

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CHAPTER –13

GLOBALISATION OF SYSTEM

- Introduction.
- Four Organizational Groups.
- Initiation of Integration.
- Global Scenario.

India is beautiful country with full of medicinal and cultural heritage. India has given many cosmic-universal and ancient spiritual scientific information to the world. The above information is the subjects of global research. The origin of our Indian System of Medicine particularly, the Ayurveda is the base of traditional medicine and healing. Integration of modern medicine (western medicine) with traditional medicine is the need of the day. World Health Organization and many other national organizations are trying to bring these systems together since long. None of the countries made any effort except China, Korea and Vietnam and to certain extent Nepal. They have integrated their traditional medicine with the acupuncture and other locally available traditional healing systems and gave the name as Integrative Medicine which is available in many countries of the world. Before Alma Ata Declaration, World Health Organization has four groups between official and traditional health care.

FOUR ORGANIZATIONAL GROUPS

The increasing demand of better quality of life as well as the awareness of the right of the citizen of the country to lead a socially and economically productive life has sped up the demand of integrated system which could be helpful in attaining the goal of health for all by 2025 and onward.

Before including of traditional systems in World health Organization Program, there had been a wide gap between the administrators and clinicians of modern medicine and traditional system. With passage of time, the gap has narrowed and the cooperation between the practitioners of traditional and modern medicine has increased. World Health Organization recognized four types organizational group for health care services **(1)**.

I. Monopolistic
II. Tolerant.
III. Parallel.
IV. Integrated.

I.MONOPOLISTIC

Monopolistic gives sole legal right to allopathic practitioners (western medicine) to practice medicine as in most of the western world. They have the monopoly for practice of western medicine.

II.TOLERANT

This group in absence of allopathic practitioners or with limited numbers of allopathic practitioners who are exclusively limited to specific medical and public health activities (Majority in urban areas), the traditional and unofficial practitioners are free to work and be paid for service an all other field provided they do not claim to registered M.Ds. Means the traditional medicine practitioners can practice their system but cannot claim as medical doctors (MDs).

III.PARALLEL

This group of practitioners of allopathic and other systems of health care is officially recognized and renders service to the patients through equal and separate system.

IV.INTEGRATED

Here modern and traditional medicine is merged in medical education and jointly practiced within a unique health service complex. At present about half of countries of the world are having ministries or the departments in government responsible for traditional medicine. In many countries where more than 80% population resides in rural area are cared by traditional practitioners and traditional birth attendants. In many countries there is no problem between official and traditional care practitioners [(5)].

INITIATION OF INTEGRATION

India had integration of traditional medicine and healing since long without its promotion and propagation as integrated medicine. Our culture and customs has always holistic and scientific. Our ancestors were very conscious about their health and fitness for which they use took a lot of precautions in combination. Ayurvedic practitioners practiced the integration *diet, yoga, astrology, life style, metal, Mani* etc as component of treatment. According to initial half of *Charka Samhita of Shloka*:

तदेव युक्तं भैषज्यम यदारोग्याय कल्पते।
स चैद भिषजाम श्रेष्ठो रोगेभ्यो यः प्रमोचयेत।।[(2)]

Meaning*–That medicine is the best which cure the suffering and that person is best amongst the physicians who relieve the sufferers from suffering* **(2)**.

After inclusion of traditional medicines in the program of World Health Organization program to attain the goal of Health for All (HFA) no country in the world came forward with its course and curriculum of integrated medicine as defined by World Health Organization.

It is really matter of pride and complement to Dr. N. P. Dubey, who founded the Course Curriculum of Integrated Medicine and initiated its first institute as Prashanti Medical Care Institute at Varanasi as a non-governmental organization (NGO). He further established the Indian Foundation for Development of Integrated Medicine (IFDIM) to further nourish and develop the integrated medicine. He incorporated modern medicine with Indian system medicine on possible scientific grounds and also made the provision to include other systems available in the country. In the meantime, he initiated the bachelor course of integrated Medicine known as Bachelor of Integrated Medicine and Surgery (BIMS) in Prashanti Medical Care Institute Varanasi.

The course and curriculum of integrated medicine was submitted to the concerned authority of Government of India and World Health Organization for its establishment and further development. Thanks to Dr. Kin Shein, the Former Director on EDV, South East Asia Regional Office (SEARO), World Health Organization (WHO),New Delhi discussed the program with Dr.N.P.Dubey at SEARO, New Delhi and appreciated the program and prospectus of the Indian Foundation for Development of Integrated Medicine (IFDIM) as ***"Right steps for Holistic Health Care delivery to the Community"*** on November 27, 1992. This became a catalyst for Dr. N.P. Dubey and changed his life for the cause of the Integrated Medicine.

GLOBAL SCENARIO

After an appreciation of program and prospectus of the Indian Foundation for Development of Integrated Medicine (IFDIM) by Dr. Kin Shein, Dr. N. P. Dubey tried to make a Global Organization of Integrated Medicine for the benefit of mass. He had laid the following important land marks in direction of globalization of integrated medicine.

1. On 27th November 1993, Dr. N. P. Dubey, Secretary, Indian Foundation for development of Integrated Medicine (IFDIM) was invited to present a paper on "Introduction of Integrated Medicine in India" in Colombo, Sri Lanka. The paper was well appreciated by the mass of the delegates from all over the world.
2. The presentation forced many likeminded people to have a meeting and form an International Organization of Integrated Medicine and

ultimately the World Association of Integrated Medicine came in existence on paper on 30thNovember 1993 in Colombo, Sri Lanka. Prof. John Whitman Ray, Cook-Is-Land was nominated as President and Dr. N.P. Dubey as Secretary of the organization.

3. Initially, few members were nominated as executive members from Thailand, Malaysia, USA, Australia, Sri Lanka, Singapore, Spain, Korea, Pakistan, Abu-Dhabi.
4. Being founder, it was unanimously resolved to have all the powers (academic and administrative) with Dr. N.P Dubey who has initiated the educational pattern of integrated medicine.
5. The First International Academic Program on Integrated Medicine (FIAPIM-95) was organized from 5th to 12th November 1995 at Swatantrata Bhavan, Banaras Hindu University, Varanasi by Dr. N. P. Dubey. During the conference, Prof. John Whitman Ray, President of World Association of Integrated Medicine was present to hold a "Work Shop on Cranio- Sacral Therapy".
6. During the conference a meeting of the Executive Members of World Association of Integrated Medicine held on 9th November 1995 at Swatantra Bhawan, Banaras Hindu University, Varanasi which was presided over by Prof. John Whitman Ray. During the meeting Prof. John Whitman Ray informed about his inability to continue as president due to personal problems. He proposed the name of Dr.N.P.Dubey as Founder President of Association of Integrated Medicine which was unanimously approved by all the executive members. Dr. A.M. Meera, was nominated as Honorary Secretary of World Association of Integrated Medicine.
7. Dr. N.P. Dubey was requested to get World Association of Integrated Medicine registered as per country rules at least in India and rest of the members will be the member of the World Association of Integrated Medicine. They will find out the way in their respective countries. Since then, Dr. N. P. Dubey is working as Founder President of World Association of Integrated Medicine.
8. The World Association of Integrated Medicine got registered under Societies Registered Act XXI of 1860 by the Government of Delhi on 9th July 1996 in India.

9. Dr. N P Dubey has initiated and established AUM Foundation LLC, at New York, USA for development of Integrated Health and Holistic Health Care.

Besides, establishment, regularization, approval of Integrated Medicine course curriculum in India, Dr Dubey continued his mission of globalization of integrated medicine. He moved *Sri Lanka, Bangladesh, Nepal, Germany, Switzerland, UK, China, Taiwan, Korea, Trinidad and Tobago, USA* and many other places to promote Integrated Medicine globally. He has brought the Integrated Medicine and World Association of Integrated Medicine on the Global map. The country should feel proud to be the pioneer of the Integrated Medicine Education Program (IMEP).The detailed meetings and discussions have been mention in forth coming chapters.

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2. *Charka Samhita Part 1;* Sutra Sthan; Chapter 1/135 Shloka.

CHAPTER -14

INTEGRATED MEDICINE IN INDIA

- Introduction.
- Earlier Landmarks.
- Planning of Integrated Medicine.
- Integrated Goal.
- Integrated Basis.
- Initiation of Integrated Medicine.
- Integrated Medicine Update.

According to the World Health Forum a prestigious Journal of World Health Organization ***"The bringing together of different medical systems offers the prospect of an increase in the quality of care and improved cost-effectiveness. This is discussed with particular reference to initiatives being taken in India.*** [(1)"]. The present integrated medical education program (IMEP) has been evolved after collecting the ancient knowledge, wisdom and practice from divine cosmic era till date. To bring the present shape of the system that knowledge, wisdoms and practices has contributed a lot and given a very strong base to integrated medicine. Integrated medicine is as old as the traditional medicine and practice as the then practitioners used the traditional medicine in combination with *naturopath, diet, herbs, life style* etc according to the traditional knowledge, customs and believe. The actual modern integration started after the advent of the modern medicine. The thoughts might have come because of the merits and demerits of traditional and modern medicine. Various Great men (*scientist, social works, politicians, educationists, and academicians*) gave their thoughts, ideas and definitions but the proper definition was given by World Health Organization before declaration of HFA is more appropriate. It was defined as ***"Integrated Medicine merger of modern and traditional medicine in medical education and jointly practiced within a unique health service complex*** [(2)].

EARLIER LANDMARKS

Almighty, the greatest integrator integrated the Five Elements to constitute the universe. In field of integrated medicine many came to work in their way to serve the humanity. Besides, many unknown, unnamed contributors from divine cosmic era to modern era, the contributions of the Searcher and Great men (*scientist, social works, politicians, educationists, and academicians*) are worth to keep in view. Many organizations like World Health Organization (WHO) have defined the Integrated Medicine in most appropriate scientific manner. The contribution of Indian Foundation for Development of Integrated Medicine (IFDIM) and World Association of Integrated Medicine (WAIM) has moved in

accordance to the definition of WHO. The earlier landmarks lay down by the great men of the Nation are.

1. When the universe started, how long continue and when it will finish? This is all the mystery of GOD.
2. The divine transplant surgery performed by ***Lord Shiva on Ganesha*** is well known example of Hindu Culture.
3. In 1822, with the initiation of practice of modern medicine, the traditional physicians (*Vaidyas*) started the dissection of body in various medical institutions in India. Though, there had been the history of dissection by **Sushruta** in the past.
4. **Mahatma Gandhi**, the father of the nation who believed in Nature Cure supported the integration and suggested integration of natural system of healing during Indian National Congress Convention at Nagpur in 1920.
5. In 1936, **Dr. Vidhan Chandra Roy**, the renowned Physician and Ex-Chief Minister of West Bengal emphasized for integration of traditional system with modern system.
6. **Pt. Mahamana Madan Mohan Malviya,** the founder of Banaras Hindu University had an idea of integrated medicine. He started Ayurvedic College in the university with the idea of integration and later the Ayurvedic College developed the college of modern medicine but due to official problems; the integration could not take place.
7. After independence, in **1949, Chopra Committee** recommended integration where the panel propagated training of modern medical subjects in Indian System of Medicine (ISM) colleges and vice versa. The government overlooked the proposal and preferred to imbibe the western modern system.
8. **World Health Organization (WHO)** grouped the practitioners in to four groups as Monopolistic, Tolerant, Parallel and Integrated after inclusion of traditional medicine in their programme to achieve the goal of "Health for all by 2000 AD.
9. **World Health Organization (WHO)** defined integrated medicine as to merge of modern and traditional system in medical education and practice under as umbrella.
10. Madras Registration of practitioners of integrated medicine Act No.XXVII of 1956 came into existence for registration of graduates of integrated medicine.

11. **In 1958, Prof. K.N. Udupa Committee** was set up by the Government of India where the committee upheld the earlier recommendations for development of integrated medicine.
12. **In 1983, the Government Formulated National Health Policy** to achieve the goal of Health for all by 2000 AD where Government desired to promote the integration and well considered steps were thought to achieve the optimal result as need of the time.
13. **Dr. Karan Singh**, Former Union Minister of Health stressed on the need of combining the indigenous and modern medicine to achieve the optimal as need of the time.

PLANNING OF INTEGRATED MEDICINE

Based on the earlier efforts made by the contributions of the Searcher and Great men (*scientist, social works, politicians, educationists, and academicians*), Organizational classification of World Health Organization, Dr. N P Dubey and Padmshri Prof. K N Udupa initiated the first institute of integrated medicine in the name of Prashanti Medical Care Institute, Varanasi. Later on, Indian Foundation for Development of Integrated Medicine (IFDIM) was established at Delhi with the planning has two broad bases:

I. Integrated Goal.
II. Integratable Base.

I. INTEGRATED GOAL

Before, we started the integrated medical education program (IMEP); we had in our mind the Prime Factors i.e. *man, material and money*. In spite of the prime factors, we had strong believe that if the program is being initiated in good interest of the public, profession, nation and international, the prime factors can be changed and revised by efforts with the help of public, professionals, non-governmental organizations (NGOs) and governmental organizations (GOs). We initiate the integrated medical education program (IMEP) in Varanasi with the small resources what Dr. N.P. Dubey had with him.

CHARACTERISTICS OF INTEGRATED GOAL

The integrated goal has the basic slogan of ***"Integrated Medicine is The Need of the Day".*** In order to achieve the goal, the integrated medical system has following criterion:

(a) It has definite goal.

(b) It is meaningful.
(c) It has many useful contents.
(d) It is easy, economical, acceptable and implementable.
(e) It is beneficial to masses in terms of relief of sufferings and promotion of health.
(f) It is employment oriented.
(g) The plan is in favor of traditional systems of the area, zone or country.
(h) It tries to preserve the traditional values on possible scientific grounds.
(i) The plan is flexible (having provision for modifications).

II. INTEGRATABLE BASE

The integrated medical education program (IMEP) has been designed on integratable base of traditional medical care heritage, available professionals and sociopolitical backgrounds. The most useful available integrated basis:

(a).Availability of Systems- India has rich cultural heritage of its traditional medicine known as Indian System of Medicine (ISM). Now, the ISM has renamed as AYUSH with addition of Yoga and Homoeopathy. Besides well developed AYUSH, there are many regional and local remedial systems of treatment and healing which are flourishing in its own atmosphere.

b).Professional Dialogues- Professional dialogues are the key for success of implementation of integrated medicine. Without the healthy dialogues, it is not possible to get their supports at various levels. This is possible through - personal contacts, meetings, workshops, seminars, conferences at various levels of the country. It's very unfortunate in India that some arrogant practitioners of either system are not in favor but the Government of India is determine to develop Integrated Medicine which is somewhat different than the program of World Association of Integrated Medicine (WAIM).

(c). Public Participation- Public participation in any program indicates its strong success which is driving force to move ahead. They are interest because they are the most sufferers. They understand the merits of system as- economical, easily assessable and available. On the other hands we know that they are acceptor and rejecters. The public support is in favour of Integrated Medicine.

CHARACTERISTIC OF INTEGRATED BASE

The integrated medical education program (IMEP) requires some strong basic parameters. These parameters develop the strong bondages between the systems which is required for establish the as ***"Integrated Medicine is The Need of the Day".*** Integrated base has following characteristics;

(a).Availability of established modern and traditional medicine systems.
(b). Mutual dialogues between the practitioners of both system.
(c). Realization of merit and demerits of each other system.
(d). Support of each other with mutual respect.
(e).Support of public, professional and politicians.

INITIATION OF INTEGRATED MEDICINE

Prashanti Medical Care Institute (PMCI), Varanasi is the first institution in India which initiated the educational program of integrated medicine (IMEP). After initiation of educational program in Varanasi, the Indian Foundation for Development of Integrated Medicine (IFDIM) was established in order to establish the integrated medical education program throughout the country. The basis of initiation of integrated medicine is the thoughts of our great men (*scientist, social works, politicians, educationists, and academicians*) and as organized definition of World Health Organization for different health systems.

In the process of development, World Association of Integrated Medicine (WAIM) and International Council of Integrated Medicine (IIMC) were established with the aims to have the global establishment of integrated medicine through institutions.

Now, World Association of Integrated Medicine (WAIM), Indian Foundation for Development of Integrated Medicine (IFDIM) and International Integrated Medicine Council (IIMC) are working together with assigned and coordinated manners. World Association of Integrated Medicine is the highest body and responsible for all planning, implementation and administration. The other institutions are working under World Association of Integrated Medicine. World Association of Integrated Medicine for the first time in the world has set up a Model of Integrated Medical Education Program (IMEP) where the modern medicine and Indian system of medicine are being merged together in education and the practice.

INTEGRATED MEDICINE UPDATE

The World Association of Integrated Medicine (WAIM) had laid the following important land marks after the initiation of integrated medical education (IMEP) program in 1990. The important institutional landmarks are:

- The first meeting of Dr N. P. Dubey and Padmshri Prof. K.N. Udupa at point with same aims and objective for develop the Integrated Medicine held in Varanasi on January 14th 1990 and after discussion; they form a small group of likeminded people for the cause of Integrated Medicine.
- Revised the definition of integrated medicine was given in 1990 as "Combination of modern medicine and traditional medicine together and development of its teaching, training, treatment, research and national implementation.
- On June 28, 1990, they decided to initiate an institution of integrated medicine for implementation of Integrated Medical Education Program (IMEP) and the program was started in Prashanti Medical Care Institute at Varanasi.
- Prashanti Medical Care Institute Varanasi was registered on 23 rd February 1991.
- The course and curriculum of integrated medical education program (IMEP) and the Paramedical were developed and implemented in 1991.
- Establishment of Indian Foundation for Development of Integrated Medicine on 29th May 1992.Establishment of International Institute of Integrated Medical Sciences on 2nd August 1995.
- Establishment of Faculty of Medical Sciences in MGKV University, Varanasi with the provision for Integrated Medicine, Alternative Medicine and Medico-technical Courses in 1996.
- Establishment of World Association of Integrated Medicine on 9th July 1996 in India.
- Establishment of International Integrated Medicine Council (IIMC) on 17th August 1996.
- Establishment of a Journal in the name of International Integrated Medical Forum 2002.
- World Association of Integrated Medicine, International Integrated Medical Forum, International Institute of Integrated Medical Sciences in

2002 and International Integrated Medicine Council in 2003 got copyrights from Government of India.

- Establishment AUM Foundation LLC, NU,USA in 2015 for development of Integrated Health and Holistic Care.
- Our efforts are continue in the direction of establishment of integrated medicine as independent system of treatment and healing.

REFERENCE

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CHAPTER -15

APPLIED APPROACH OF INTEGRATION

- Introduction.
- Methods of Approach.
- Institutional Approach.
  I. National Approach.
  II. International Approach.
- Academic Approach.
  I. National Approach.
  II. International Approach.

Global implementation of integrated medical education program (IMEP) is the ultimate goal of World Association of Integrated Medicine. This is long term goal. After the defining the integrated medical system by World Health Organization, the first institution of integrated medicine known as Prashanti Medical Care Institute, Varanasi initiated the integrated medical education program (IMEP) in 1990. The institute was strengthening by establishing the Indian Foundation of Integrated Medicine (IFDIM) at Delhi. The combine efforts of Prashanti Medical Care Institute, Varanasi and Indian Foundation of Integrated Medicine (IFDIM) has been described by World Health Organization as - ***"The teaching process was initiated by the Indian Foundation of Integrated Medicine and the Government of Uttar Pradesh is now taking up the challenge. Integrated Medicine is on the program of Prashanti Medical Care Institute in Varanasi and it is intended to set up similar institute in several of India's principal cities"***[(1)]. Keeping in view the steps initiated by earlier Great men and suggestion of various institutions the World Association of Integrated Medicine (WAIM) is continuously moving ahead in order to establish the integrated medical education program (IMEP) in India as well as globally.

The biggest challenge was and is the resources. The founder has accepted the challenges. He had strong Will Power and believes in Divinity, he started with small resources generated through his practice, service and whatever he gets as fee from few of the student. The death of Padmshri Prof. K.N. Udupa was great set back to the institution. He used to inspire Dr. N.P. Dubey ***"Strong man moves alone".*** We requested Dr. V.V. Patvardhan, a renowned Pediatrician of Varanasi to accept the chair of the Director of Prashanti Medical Care Institute, Varanasi. Dr. Patvardhan accepted the requested and took as Honorary Director.

METHODS OF APPROACH

World Association of Integrated Medicine has taken the lead of implementation of integrated medical education program (IMEP) in India in 1990. In order to have effective establishment, we evolved two methods of approach.

- Institutional Approach.
- Academic Approach.

INSTITUTIONAL APPROACH

Institutional approach is comprised of the approach to various National and International institutions of similar nature or related nature. The institutional approaches are in order to - **e*xplain, discuss*** and ***learn*** something from these instructions. The institutional approach has given much positive information which has been added in our institutions for its better presentations. The institutional approach is further divided in two parts:

I. National Approach.

II. International Approach.

I.NATIONAL APPROACH

National institutional approach involves the contact with the national institutions of similar or related nature including Governmental and non governmental institutions and organizations that could be beneficial for the development and establishment of institutions. The national approach of World Association of Integrated Medicine and its institutions have laid the following landmarks in the field of integrated medicine in India:-

- Prashanti Medical Care Institute (PMCI), Varanasi was initiated 1990 and got registered under society registration Act on 23rdFebruary 1991.
- Indian Foundation for Development of Integrated Medicine (IFDIM) was registered by Registrar of Society, Delhi Administration, Delhi on 29thMay 1992 with the aims and objectives to promote integrated medicine throughout the country.
- First organized prospectus of Prashanti Medical Care Institute (PMCI) was released on June 28, 1992 by Prof. S Rinpochhe, Director, Tibetan Institute of Higher Learning at Sarnath, Varanasi, the place of the first Sermon of Lord-Buddha after he enlighten.
- Dr. Kin Shein, Former, Director EDV, South East Asia Regional Office, (SEARO), World Health Organization (WHO) discussed and appreciated the program and prospectus of the IFDIM as ***"Right steps for Holistic Health Care Delivery to the Community"*** on November 27, 1992.
- The program of Indian Foundation for Development of Integrated Medicine (IFDIM) and Prashanti Medical Care Institute (PMCI) was made available to H. E. Dr. Shankar Dayal Sharma, the then President of India, the then Prime Minister, Health Minister, Minister for Human Resource

Development, Government of India and World Health Organization on November 26, 1992.

- Divine Sri Sathya Sai Baba blessed the program on December 28, 1992 at Prashanti Nilayam, Puttaperthy, Sri Sathya Sai (Earlier Anantpur), AP.
- We have received the acknowledgement of Union Health Minister regarding Project of India Foundation for Development of Integrated Medicine for its evaluation.
- The program has been supported, blessed and encouraged by Former H.E. Dr. Shankar Dayal Sharma and H. E. Shri K.R. Narayanan, both Former President of India; Former Union Health Ministers Shri M.L. Fotedar and Shri B. Shankaranand; Hon'bleShri Chandra Shekhar, Former Prime Minister of India; Hon'ble Shri A.B. Bajpai, Prime Minister of India; Hon' ble Shri L.K. Advani, Deputy Prime Minister of India; HE Shri Moti Lal Vora, Former Governor of U.P., World Health Organization, Rajiv Gandhi Foundation and many other politicians, social workers, administrators, scientists, academicians, government and non-government organization (GOs and NGOs) of India and abroad.
- H.E. Shri Moti Lal Vora, Former Governor of U.P. visited Prashanti Medical Care Institute, Varanasi on 28th June, 1994 and expressed his views on Integrated Medical System of treatment and appreciated the steps initiated by Indian Foundation for Development of Integrated Medicine (IFDIM) and Prashanti Medical Care Institute PMCI, Varanasi. He assured for all possible helps.
- The IFDIM requested for the Pioneer ship of the Integrated Medicine through Indian Foundation for development of Integrated Medicine to Prime Minister from whom the matter has been refer to Ministry of Health and Family Welfare.
- International Institute of Integrated Medical Sciences (IIIMS) was registered by Registrar of Societies, Government of Delhi on 2nd. August 1995.
- H.E. Shri Moti Lal Vora, Former Governor of U.P. accorded the sanction of Faculty of Medical Sciences to Mahatma Gandhi KashiVidyapeeth (MGKV)Varanasi (a State University of Uttar Pradesh, Established under UGC Act) vide letter No.979/GS dated 25.4.1996 having provision of ***Modern medicine, Dental Medicine, Integrated Medicine, Alternative Medicine and Medico-technical Courses***. The subjects mentioned in the faculty are the subjects of India Foundation for Development of Integrated Medicine.
- The Former Governor of UP wrote vide letter No. 4066 dated 11th July 1995 to Vice Chancellor, Mahatma Gandhi Kashi Vidyapeeth asked

regarding the report for affiliation of Prashanti Medical Care Institute Varanasi for issuing the degree from MGKV University.

- World Association of Integrated Medicine (WAIM was registered by Registrar of Societies, Government of Delhi on 9th July 1996.
- A joint meeting of Governing Body of all related institutes i.e. Prashanti Medical Care Institute Varanasi; India Foundation for Development of Integrated Medicine; International Institute of Integrated Medical Sciences: World Association of Integrated Medicine and International Integrated Medicine Council held on December 1st 1996 in Delhi. The following important resolutions were resolved by the governing bodies of all institutions were:
    1. All institutions will work under World Association of Integrated Medicine which is Academic and Administrative head.
    2. India Foundation for Development of Integrated Medicine (IFDIM), International Integrated Medicine Council (IIMC) to work under administration of World Association of Integrated Medicine (WAIM).
    3. It was also resolved that all the academic works will be taken up by Indian Foundation for Development of Integrated Medicine.
    4. All registration to the successful candidates will be granted by the International Integrated Medicine Council (IIMC).
    5. The academic program of students of bachelor and medico technical courses shall be conducted by Prashanti Medical Care Institute (PMCI) Varanasi and International Institute of Integrated Medical Sciences (IIIMS), Delhi and other affiliated/accredited institutions with World Association of Integrated Medicine.

- The Secretary to H.E. K.R. Narayanan, Former President of India forwarded the communication to Government of India, Ministry of Health and Family Welfare vides Letter No.P.1D-12065 dated March 31, 1999 under information to Dr. N. P. Dubey**.**
- The World Association of Integrated Medicine has received the Copyright from Government of India for the Profile of course of World Association of Integrated Medicine.
- The World Association of Integrated Medicine has received the Copyright from Government of India for "International Integrated Medicine Council.
- International integrated Medical Forum (IIMF) a Quarterly Journal has got the Certificate of Registration from Government of India, Registrar of

Newspapers of India on 02 April 2003 vide Registration No. UPENG/2000/9522.

- Hon'ble Shri Narendra Modi, Prime Minister of India and his team believes in integration rather than isolation. I have submitted the "P**roject of Introduction of Integrated Medicine in India"** to Hon'ble Shri Narendra Modi Prime Minister of India on March 12, 2018. The copy of the project has also been send to Former HE Ram Nath Kobind, President of India; Hon'ble, Shri Yogi Adityanath, Chief Minister of Uttar Pradesh; Hon'ble Shri J. P. Nadda, The then Union Minister of Health and Family Welfare: Hon'ble Dr. Harsh Vardhan, Former Union Minister of Science and Technology: Hon'ble Shri Shripad Yasho Naik, the then State Minister for AYUSH, Hon'ble (Mrs) Anupriya Patel, Former State Minister for Health and Family Welfare; and Hon'ble Dr. Mahendra Nath Pandey, the then MP and President Bhartiy Janta Party, Uttar Pradesh for facilitating its implemented in India. This model is the first model of its kind in the entire world. World Association of Integrated Medicine is not against any system of treatment and healing. We are flexible to accept the best possible and implementable aspects of modern and traditional medicine and healing in its teaching, training, treatment and national implementation for the benefit of mass community of India. The urgent consideration and effective implementation in India as - 'Integration Medicine is the Need of the Day'. The Indian model is unique example for the World. This will make India; the teacher of the world (**Jagat Guru**).The project is still under evaluation.
- Sri Sri Sri Prof. **Dr. A.V. Srinivasan**, Founder Chairman, Sri Paripoorna Sanathana Charitable Trust (R), Arjunabettahalli, Nelamangala, Bangalore in association with **Dr. Nagendra Prasad Dubey** (Dr, N. P. Dubey) has submitted **"A Project Proposal"** on establishment of integrated medicine as an independent Medical System in India to Hon'ble Sri Narendra Modi, Prime Minister of India for accepting the Project proposal for the benefits of the future generations on 13th August 2021.
- **Dr. Anshuman Kumar,** Specialist on Health Policy has stressed in his article in "*National Sahara Hastkshep*" Page 4 on 28th May 2022 to develop the Concepts of Integrated Medicine as compared to various "Bridge Courses" to modern and Indian System of Medicine respectively.
- **Prof K N Dwivedi,** Executive Member of the Indian Council of Research in Ayurveda and Dean, Faculty of Ayurveda, Banaras Hindu University, Varanasi has stressed that in order to achieve the goal of the "National Health Mission" the integration of modern and traditional medicine is necessary **(*Daily Dainik Jagran, Varanasi***). He was presiding in a

Satellite Seminar of 9th World Ayurvedic Congress on 2nd September 2022. The recommendation is in accordance to the concepts of World Association of Integrated Medicine.

II. INTERNATIONAL APPROACH

The international institutional approach involve the contact and communication with the institutions of integrated, alternative, complementary, integrative medicine as well as the Governmental and non-governmental institutions and organization who could be beneficial for the development and establishment of integrated medical institutions. The international approach of World Association of Integrated Medicine and its institutions have laid the following landmarks in the field of integrated medicine at international level:-

- Dr. Kin Shein, Former Director EDV, South East Asia Regional Office, (SEARO), World Health Organization (WHO) discussed and appreciated the program and prospectus of the IFDIM as ***"Right steps for Holistic Health Care Delivery to the Community"*** on November 27, 1992.
- World Association of Integrated Medicine came in existence on November 30, 1993 in Colombo, Sri Lanka following a presentation on ***"Introduction of Integrated Medicine in India"*** during an International Conference in Sri Lanka.
- Indian Foundation for Development of Integrated Medicine got Affiliation Status with Medicina Alternativa, The Open International University, Colombo, Sri Lanka in November, 1993.
- The entire program of integrated medical education of Indian Foundation for Development of Integrated Medicine was referred by South East Asia Region Office (SEARO), New Delhi to World Health Organization Head Quarter at Geneva, Switzerland where Dr. N.P. Dubey was invited to discuss the detailed program with Dr. Xiaorui Zhang, Medical Officer (Traditional Medicine) on 1st and 2nd March 1995.
- After the discussion, a write up on Integrated Medicine was asked, accepted and published by World Health Organization in its prestigious Journal known as - World Health Forum titled of the article is **"Integrated Medicine - Many Approach, One Service"** in Vol. 18, Year 1997, P 56-58.
- World Association of Integrated Medicine got affiliated with World University, Benson, Arizona, USA on November 18, 1998.
- On December 3rd 1998 the entire program was discussed with Dr. John C. Chah, Program Officer, Office of Complementary and Alternative Medicine, National Institute of Health (NIH) MD, USA the integrated approach was appreciated.

- The program was discussed with Dr. G. Bodekar, Chairman Gifts of Health, Health Service Research Unit, University of Oxford, and London. The discussion took place at Green Palace on 8th December 1998 with great appreciation.
- A ***"Working Group Meeting on Quality of Academic Education in Traditional Medicine"*** was organized World Health Organization, West Pacific Region Office (W'PRO), Manila, Philippines from 22 to 24 November 2003, in Melbourne, Australia where Dr. N. P. Dubey attended the meeting as an ***Advisor to WHO*** from India.
- Based on the academic works in the field if Integrated Medicine, Dr. N P Dubey got '***Immigrant Visa'*** for United State of America in 2006.
- Dr. N P Dubey (Nagendra Prasad Dubey) established AUM Foundation LLC. At, New York, USA in 2015 for promotion of integrated health and holistic care for which Nagendra P Dubey is Managing Member of the Foundation.

ACADEMIC APPROACH

Academic approaches are concern for development of academic knowledge and skills in terms of – *Teaching, Training, Treatment, Research and National implementation* of integrated medical education program. These approaches are further strengthening and developed by discussion with persons in institutions, workshops, seminars and conferences. The academic approach has added a lot to strengthen the course curriculum and academic activities of World Association of Integrated Medicine (WAIM). This approach is divided in two parts:-

I. National Approach,

II. International Approach.

I. NATIONAL APPROACH

National academic approach involve the meetings, discussions, workshops, seminars and conferences for acdemic discussion in order to improve our academic structure for better imparting the integrated medical education program (IMEP). This approach is made in the same institutions and related academic program institutions where our academic programs are discussed and their programs are added in parts depending on the feasibility. World Association of Integrated Medicine has following landmarks in national approach.

- First International academic Program on Integrated Medicine (FAPIM-95)was organization from 5th to 12th November 1995 in Swatantrata Bhavan, Banaras Hindu University U.P. with great appreciation. During

the conference, the first edition of the book "Basic Principles of Integrated Medicine "was released.

- The International Conference on Integrated Medicine (ICIM-96) was Organization in Banaras Hindu University, Varanasi from 1st to 3rd November 1996 with great success.
- World Conference on Integrated Medicine (WCIM-97) held in Banaras Hindu University from 7th to 9th November 1997 and was attended by many representatives of modern and traditional medicine of India and abroad and was with a grand success.
- The Universal Conference on Integrated Medicine (UCIM-98) was organized in the National Capital of India from 6th to 8th November-1998 at Indian Medical Association, Head Quarter, New Delhi in order to explain the merits of integrated medical system and get its vide publicity, popularity and recognition. During this conference, World Association of Integrated Medicine added the Sixth dimension of health i.e. **Environmental Health**. Thus, integrated health includes – *Physical, Mental, Social, Moral, Spiritual and Environmental* health.
- Integrated Medicine for New Millennium (IMNM-99)was organized from 12th to 14th November 1999 at New Delhi to discuss the various aspects, achievements and future plan to have a full-fledged system of integrated medicine with the slogan of ***"Integrated Medicine in New Millennium"***.
- Millennial Conference on Integrated medicine (MCIM-2000) was organized from 10th to 12th November 2000 at New Delhi to discuss the situation and development of integrated medicine in today's world which emerged as ***"Integrated Medicine as the Need of the New Millennium"***
- Global Conference on Integrated Medicine (GCIM-2001) held on 3rd and 4th November 2001 at New Delhi. The Guest of Honor was Padmshri Dr.Ranjeet Roy Chaudhary. He appreciated the steps of World Association of Integrated Medicine and described as ***"World Association of Integrated Medicine is ahead the time".***
- Organized International Academia on Integrated Medicine (IAIM-2003), at Indian Medical Association, H Q, New Delhi in December 2003 to discuss the progress of the Integrated Medicine.
- Invited in the 46th National Conference of Indian College of Allergy, Asthma and Applied Immunology held at Banaras Hindu University from 2nd to 4th November 2012 and presented the paper titled ***"Holistic Dimension of Integrated Medicine".***
- Organized a workshop on establishment of Integrated Holistic Clinics on 2nd March 2018 at Chhatarpur, New Delhi,

- A one day seminar was organizedon ***"Integrated AUM Therapy"*** by AUM Foundation in collaboration with World Association of Integrated Medicine at Varanasi on 1st March 2019.
- A one day workshop was organized on 5th March 2020 on **"Telemedicine and Distant Healing"** in collaboration of World Association of Integrated Medicine and AUM Foundation.
- A Webinar was organized on the ***"Integrated Medicine Update"*** in India for the faculty and students of World Association of Integrated Medicine on 18th July 2021 at Varanasi.
- An "**AUMIC Concept of Human Life"** was presented in Ayush Samriddhi International Conference Series on 14th February 2022. The Webinar was organized by Independent Research Ethics Society (IRES).

II.INTERNATIONAL APPROACH

International academic approach involve the meetings, discussions, workshops, seminars and conferences for acdemic discussion in order to improve our academic structure for better imparting the integrated medical education program (IMEP). World Association of Integrated Medicine has following major international approach:-

- Dr. N P Dubey, Secretary, present a paper titled ***"Introduction of Integrated Medicine in India"*** in November 1993, in An International Conference, organized by The Open International University of Complementary Medicine (OIUCM), Colombo, Sri Lanka.
- Dr. N P Dubey was invited to World University where he presented the paper on ***"Integrated Health and Holistic Care"*** during December 1998**.**
- Dr. N.P. Dubey, Founder President attended 2nd World Integrative Medicine Conference (WIMCO-2002) at Beijing, China from 22nd to 24th September 2002 where he presented the paper titled **"Integrated Medicine as Universal System".** He was also the member of Scientific Committee of WIMCO-2002.
- Attended the World Congress on Integrated Medicine (WCIM-2004) held in Colombo, Sri Lanka and presented the Paper on ***"Role of Integrated Medicine in developing countries".***
- Dr. N P Dubey was awarded ***Immigrant Visa (GREEN CARD)*** under the clause of outstanding Professor and Researcher from National Visa Center, USA in 2006.
- Dr. N P Dubey attended "***International Integrated Medicine Conference (IIMC-2010)"*** at Dhaka, Bangladesh.
- Dr. N P Dubey attended World Association of Vedic Society Conference (WAVES-2010) held at St. Augustine, University, Trinidad and Tobago

and Presented the paper based on ***"Holistic aspects of Integrated Healing".***

- Organized Academia on Integrated Holistic Medicine in collaboration with AUM Organization INC., NY, USA on 1st December 2011.
- Dr. N. P. Dubey attended ICOM- 2012 organized in collaboration with World Health Organization at Seoul, South Korea from 14th to 16th September 2012. Dr. Dubey presented the paper titled ***"Integrated Medicine as Global System".***
- Organized Integrated Holistic Healing Seminar on 3rd May 2013 in Collaboration with AUM Organization to discussion on ***"Integrated Holistic HealthCare"*** at NY. USA.
- Organized Integrated Health Workshop (IHW) on 20th July2014 in Collaboration with AUM Organization at New York, USA.
- Organized Seminar on Integrated Diagnostic Holistic Parameters (IDHP) on 20th May 2015 in Collaboration with AUM Foundation at New York, USA.
- Organized Conference on Integrated Holistic Approach (CIHA) on 20th June 2016 in Collaboration with AUM Foundation at New York, USA.
- Organized Seminar on Integrated Holistic Care (SIHC) on 20th July 2017 in Collaboration with AUM Foundation at Philadelphia, PA, USA.

REFERENCES

1. *Dubey N P;*World Health Forum; Integrated Medicine – Many Approaches, One Service; Volume 18, 1997, P.57.

CHAPTER -16

INTEGRATED MODEL BY WAIM

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- Introduction.
- Basis of Model.
- Status of Model.
- Expectation from Government.
- Administrative Levels.
- Implementational Division.
- Operational Levels.
- Location of Zones.
- Applicability at District Level.

The Great men (*scientist, social works, politicians, educationists, and academicians*) came for great assigned works which they performed completely and some works to only certain extent. They initiated some newer acts in whatever form they were intuited. Out of all, some great men thought about integrated medicine and laid some important landmarks. World Health Organization defined integrated medicine before declaration of health for all (HFA) in 1977 is more appropriate. They defined as *"Integrated Medicine merger of modern and traditional medicine in medical education and jointly practiced within a unique health service complex.* The above defined fact was implemented by Prashanti Medical Care Institute (PMCI) Varanasi and further strengthens by Indian Foundation for Development of Integrated Medicine (IFDIM) as- ***"The teaching process was initiated by the Indian Foundation of Integrated Medicine and the Government of Uttar Pradesh is now taking up the challenge. Integrated Medicine is on the program of Prashanti Medical Care Institute in Varanasi and it is intended to set up similar institute in several of India's principal cities"***[(1)].

BASIS OF MODEL

World Association of Integrated Medicine has developed the model based on strong backgrounds. This model came in existence on the backgrounds of the thoughts, ideas, reports and efforts of great men of the nation, definitions of World Health Organization. The elaborate definition of integrated medicine was given by Indian Foundation for Development of Integrated Medicine (IFDIM)in 1992 as- ***Integrated Medicine is defined as combination of the modern and traditional medicine and develops it's all components i.e. teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of all aspects i.e. principles, diagnostics and therapeutics in one combination but it can also be done even in principles and or diagnostics and or therapeutics.*** The backgrounds inspired us to initiate the

integrated medical education program (IMEP) and integrated medical services program (IMSP). We have started as "*Integrated Medicine, the need of the Day"* as per ***Integrated Truth*** as:

- None of the medical system is perfect
- None of the medical system is useless
- Every medical system has merits and demerits
- Every system has its limitation and
- Our tradition is to respect all.

Under such circumstances the only answer is to take the best of all the available systems together and develop its teaching, training, treatment , research and national implementation which could be nearer to the perfect as perfect is only one i.e. Omnipotent(*Divine Intuitions, Revelations and Blessings of Sri Sathya Sai Baba)***.**

STATUS OF MODEL

The project has been already submitted to government of India which is under examination. The model has been discussed globally including World Health Organization, Head Quarter Geneva, Switzerland; NIH Maryland, USA; Oxford, UK; Beijing, China; Taiwan; Korea and much other country with appreciation. The World Association of Integrated Medicine has initiated the implemented the model as nongovernmental organization (NGO) in India. We are very close to the ideas and thoughts of government of India regarding integration. The government of India has already started privatization of various government programs including education because of some of the following reasons:

1. Financial constraints to the government.
2. Politics in the government institutions.
3. Gradual decreasing confidence of the people in the government institutions.
4. Increasing indiscipline due to socio-political interferences.

EXPECTATIONS FROM GOVERNMENT

The blessing of country government is very important for implementation of any program. As long the government of India is not coming forward for approval and implementation, the World Association of Integrated Medicine is doing both educational and service programs on his own with limited resources as a non-governmental organization. Some of the important expectations from the government of Indiain order to implement the integrated medical education programs (IMEP) and integrated medical services program (IMSP) are:

1. **Acceptance and Overt Recognition***:* The government of India should accept all the programs and provide 'an overt recognition' and if require make necessary alteration and modification.
2. **Collaboration with Government*:*** The activities of World Association of Integrated Medicine should be approved and permitted to work in collaboration of Government of India.
3. **Approval and Empowerment**: The Government of India should approve the entire program and empower World Association of Integrated Medicine to work as an "Autonomous Institute of Integrated Medicine in India". The government should bear half of the expenditure of the institute.
4. **A Token Grant with Permission*:*** Government of India should initially provide financial support to stand the program as per model provided by the World Association of Integrated Medicine and if it is not possible ***"A Token grant with permission to generate its resources"*** from various sources through donation, fee, gifts, charity etc. for development and implementation of integrated medical education programs (IMEP) and integrated medical services program (IMSP).
5. **Status to System**: World Association of Integrated Medicine should be given the status like National Medical Commission (NMC)and Central Council of Indian Medicine (CCIM) in India.
6. **Legal Protection*:*** The Government of India should provide the legal protection to World Association of Integrated Medicine and its Integrated Medical System (IMS) at all levels.

ADMINISTRATIVE LEVELS

World Association of Integrated Medicine has developed its own model of administration of its both components i.e. integrated medical education program (IMEP) and integrated medical service program (IMSP). The suggested model of administration of World Association of Integrated Medicine has three levels:

I. Central Level.
II. Intermediary Level.
III. Peripheral Level.

I.CENTRALLEVEL

World Association of Integrated Medicine located is locate at National Head Quarter to administer the entire integrated medical education program (IMEP) and integrated medical service program (IMSP). The main functions of central levels are:

1. To have cordial relation with current government.
2. To develop socio-political relations with various state government,
3. To develop relation with and International Institutions, Universities, and Health organizations as WHO, NIH, UNICEF etc.
4. To establish the International relation for study exchange programs (ESP).
5. .To explores the possibilities of export of standard Indian Medicine.
6. To arrange for import the non-available tools, techniques and necessary medicaments.
7. To review and renew the Course Curriculum and Service guidelines for effective educational and service programs.
8. To develop newer research techniques and methodology.
9. To ensure quick, transparent and effective communications at all levels.
10. All other acts which is in the best interest of programs and Nation.

II.INTERMEDIARY LEVEL

This level is between the central head quarter and the state directorate. It is called as Zonal Head Quarter (ZHQ) administer by Zonal Director. The zonal director is the key for linking the center and the concern states. He is responsible to administer the entire integrated medical education program (IMEP) and integrated medical service program (IMSP) in their respective zone and states. The main functions of zonal levels are:

1. To ensure effective implementation and administration of all the educational, medical and health services initiated by the central level in welfare of institutions and community at large.
2. To convey the problem of all states institutions to the centres and get it properly solved and conveyed to the concern office of the state.
3. To develop and suggest the necessary programs in the best interest of integrated medical education program (IMEP), integrated medical service program (IMSP) and the country.

III.PERIPHERAL LEVEL

This level starts from State Directorate to Peripheral Health Institutes (PHIs). The head of the peripheral level is state director. The state director is the key for linking the peripheral health program to the zonal director. He is responsible to administer the entire integrated medical education program (IMEP)

and integrated medical service program (IMSP) in their respective state. The main functions of state level are:

- To ensure effective implementation and administration of all programs.
- Provide the local health status and necessary parameters as per need of the community.
- Effective evaluation and necessary alteration and modification in programs under intimation and approval from competent authorities.
- To provide the effective feedback to higher authority which is not in their knowledge?
- Any other health information which not known to the higher level.

IMPLEMENTATIONAL DIVISION

World Association of Integrated Medicine has three major division of entire program i.e. Research, Education and Service known as Integrated Medical Research Division (IMRD), Integrated Medical Education Division (IMED) and Integrated Medical and Health Division (IMHD) which are very well integrated and interdependent on each other. These programs need proper care, development and independent service according to nature of works assigned to the division. Keeping all in view, World Association of Integrated Medicine already made three major divisions for implementation of integrated medical program.

I. Research Division.
II. Medical Education Division.
III. Medical and Health Division.

I.RESEARCH DIVISION

Integrated Medical Research Division (IMRD) of World Association of Integrated Medicine is the base on which the medical education and health services revolves. This division works under direct guidance and supervision of Director General Research (D G Research). World Association of Integrated Medicine has a large possibility of research and development in the field of integrated medicine. The research division has following main functions.

1. To development and establishment of basic research infrastructures.
2. To find out the means to develop the theme of integrated medicine.
3. To evolve the newer diagnostic tools and techniques.
4. To evolve and develop the newer research and methodology.
5. To evolve the newer, effective and economical method in education and service.

- To develop the best coordination and collaboration with Zonal and State Directorate for finding the newer problems in respective zone and states.
- To develop the collaboration with the national and international institutions of similar nature.
- To evolve and develop newer natural resources, medications and drugs for chronic and incurable and epidemic diseases.
- Evolve the best methods in the interest of the integrated system and the country.

II. MEDICAL EDUCATION DIVISION

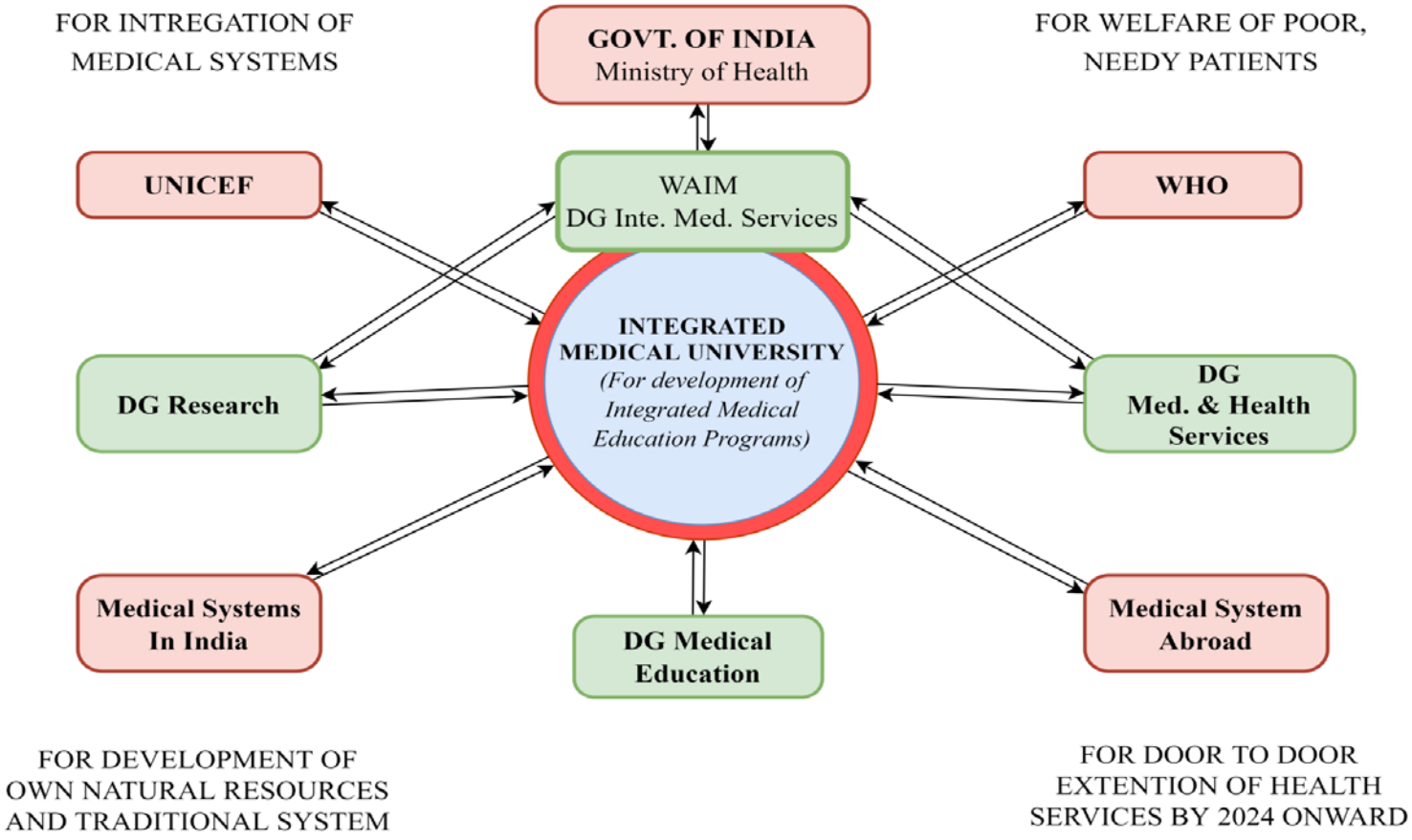
Integrated Medical Education Division (IMED) of World Association of Integrated Medicine is the base integrated medical education program (IMEP) on which the research and health services depends. This division works under direct guidance and supervision of Director General Medical Education (DGME). As long the government is not taking over the program, World Association of Integrated Medicine is continuing the educational program through its academic division known as Indian Foundation for Development of Integrated Medicine (IFDIM). World Association of Integrated Medicine has initiated the integrated medical education program (IMEP for the first time in the world. This will bring the name of India as world teacher ***(Vishwguru)*** of integrated medicine in coming days. The medical education division has following main functions.

1. To development and establishment best course curriculum.
2. To take care of the useful and applicable text contents of traditional medicine.
3. To develop and implement the effective integrated medical system.
4. To evolve, develop and implement the newer mode of teaching, training and treatment.
5. To train the students for community oriented medical education (COME).
6. To develop the method of effective coordination and collaboration between Integrated Medical University(IMU) with Zonal Director, State Directorate, Integrated Medical Institutions director for implementing and imparting the best possible education.
7. To short out the problems and its proper amicable solution at institutional level.
8. To develop cordial monitoring and evaluation system with Integrated Medical University (IMU), Zonal Director, State Directorate and Institutions for their benefits.

9. To evolve and develop the best themes in the interest of the integrated medical system.

(The details of Integrated Medical Service Pattern is explained on coming page)

"INTEGRATED MEDICAL SERVICE PATTERN(2)"



III. MEDICAL AND HEALTH DIVISION

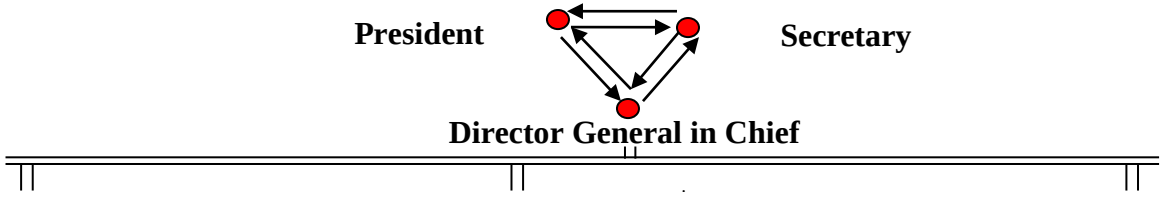
Integrated Medical and Health Division (IMHD) of World Association of Integrated Medicine is the mirror of success of integrated research and medical education programs as this division serve the sufferers in community for which it has been developed. This division works under direct guidance and supervision of Director General Medical and Health (DGMH). As long as we have not sufficient integrated medical graduates and specialists, World Association of Integrated Medicine is working with the help of the practitioner of modern, traditional and integrated medicine. The medical and health professional has following main functions.

1. To identify health profile and demography of state and locality.
2. To identify the existing medical and health institutions in state, district and locality.
3. To identify the medical and health worker in the institution.
4. To identify the medical and health profile of concern district and specific locality.
5. To identify the local resources, health status, and customs believe of the community.
6. To convince the practitioners, medical and health workers and trained them for medical and health care.
7. To evolve the newer method of the health care delivery and implement after approval.
8. To identify the volunteer to train for Yoga and Meditation and trained them to implement the health promoting aspects in community at large scale.
9. To make efforts to develop the best coordination and collaboration between all local as well as with district medical health institutions.
    - To identify the local medical and healing systems and popular herbs used in absence of any proper medicine and treatment.
    - To develop good communication with local, district and state medical and health authority.
    - To perform all the works in best interest of the community, state and the country.

(The details Medical and Health Service Pattern is explained on coming page)

(III) MEDICAL AND HEALTH SERVICES DIVISION[3]

WORLD ASSOCIATION OF INTEGRATED MEDICINE



Zonal Directors	Zonal Directors	Zonal Directors
1. DELHI	**1. DELHI** Delhi, HP, Punjab, Haryana, J & K and Rajasthan	**1. DELHI** Delhi,HP, Punjab, Haryana, J & K and Rajasthan
2. VARANASI	**2. VARANASI** UP, Uttaranchal, Bihar and Jharkhand	**2. VARANASI** UP, Uttaranchal, Bihar and Jharkhand
3. KOLKATA	**3. KOLKATA** WB, Assam, Arunachal Pradesh, Mizoram, Tripura, Nagaland, Manipur, Meghalaya	**3. KOLKATA** W.B., Assam, Arunachal Pradesh, Mizoram, Tripura,Nagaland,Manipur, Meghalaya
4. BHOPAL	**4. BHOPAL** M P, Orissa & Chhattisgarh	**4. BHOPAL** M. P. & Orissa, Chhattisgarh
5. MUMBAI	**5. MUMBAI** Maharashtra, Gujarat & Goa	**5. MUMBAI** Maharashtra, Gujarat & Goa
6. BANGALORE	**6. BANGALORE** Karnataka & Kerala	**6. BANGALORE** Karnataka & Kerala
7. CHENNAI	**7. CHENNAI** Tamilnadu, AP, Telangana, Andaman-Nikobar, Pondicherry	**7. CHENNAI** Tamilnadu, AP, Telangana, Andaman-Nikobar, Pondicherry.

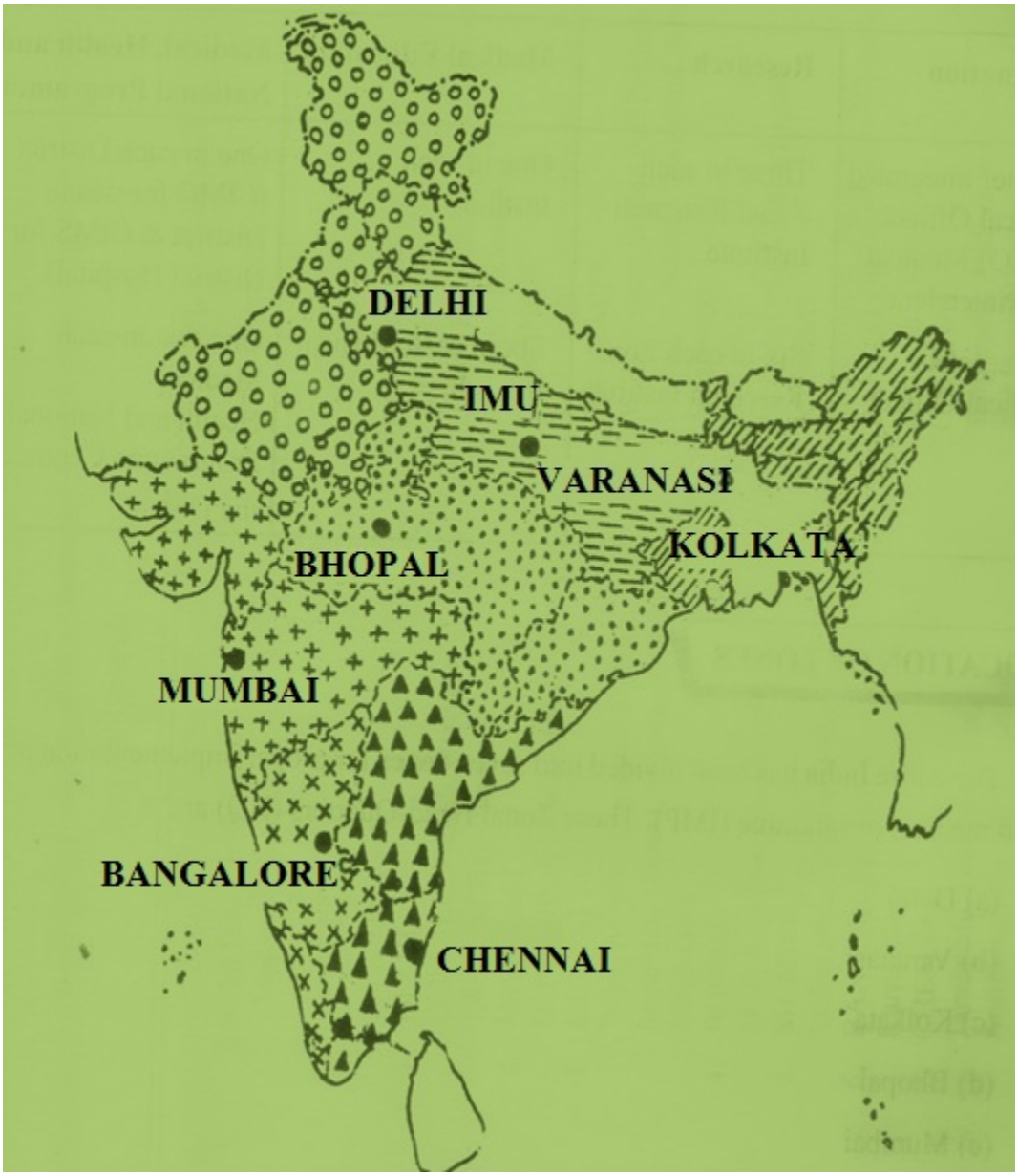
(NOTE: Remaining states and Union Territories will be taken by Delhi or as decided by the Head Quarter.)

LOCATION OF ZONES

The entire India has been divided in even zones for proper implementation of all integrated medical education, medical and health programs. These zonal head quarters are:

1. Delhi,
2. Varanasi,
3. Kolkata,
4. Bhopal,
5. Mumbai,
6. Bangalore,
7. Chennai.

The above Zonal head-quarters are responsible for all activities of integrated medical programs in their zone. As long as other zones are not coming in existence due to many underlying factors, the existing zone will take care of the concerned state and newly created states. The location of Zonal head quarters are shown diagrammatically on forth coming page.



"LOCATION OF ZONAL HEAD QUARTER"(4)

APPLICABILITY AT DISTRICT LEVEL

District is a socio-administrative unit of state. Each district has three major divisions to manage the district for -*Administration, Judiciary and Medical and Health Services*. As per government pattern these divisions are managed by District Magistrate, District Judge and District Medical and Health Officer (DMHO). Here, we concern with medical and health division which is managed by District Medical and Health Officer. The District Medical and Health Officer are having different name in different state. They are responsible for the management of district health issues in particular district with the help of District Health Institutions (DHIs) and Peripheral Health Institutes (PHIs).

World Association of Integrated Medicine has proposed similar pattern with some basic and applied integration in systemic approach and management. Integrated medicine is combination of modern and traditional medical system on the basis of merits of both medical systems. As long we have not sufficient integrated medical graduates, we have to seek the help of the graduates both systems and after a short training their services can be utilized. In the program of World Association of Integrated Medicine, the district health authority is known as Chief Integrated Medical Officer (CIMO) who is in charge for all the medical, health and related programs. He is assisted by 3 to 5 Additional Chief Integrated Medical Officers (ACIMO) depending on the size of district and its population. District Health Institutions are taken care by Chief Integrated Medical Superintendent (CIMS) and Additional Chief Integrated Medical Officer (ACIMS). Chief Integrated Medical Officer and Chief Integrated Medical Superintendent is of equal rank but Chief Integrated Medical Officer is senior and over all in charge of the entire district without any interference in the working of Chief Integrated Medical Superintendent (CIMS) except in rare administrative situation.

Beyond the district level, the entire district is divided in various sectors known as Tahsil / Taluka. They are further divided in 3 to 5 Peripheral Health Institutions (PHIs.) depending on size and population of Tahsil / Taluka. Each sector is equipped with major general specialties headed by Deputy Chief Integrated Medical Officer (DCIMO) who is assisted by Integrated Specialty Medical Officers (ISMOs). As long as the integrated specialist medical officers are not available, the DCIMO will be assisted by Integrated Medical Officers (IMOs.). All Peripheral Health Institutions (PHIs.) are management Integrated Medical Officers (IMO) and other supporting medical, associated medical and administrative staffs. Each Integrated Medical Officer (IMO) is given the responsibility of medical and health care of 5 to 10 villages. The entire programs in the districts are implementing, supervised and evaluated directly and indirectly

by Chief Integrated Medical Officer and Additional Chief Integrated Medical Officers.

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CHAPTER-17

OPERATIONAL MODE OF MODEL

- Introduction.
- Qualities of Model.
- Criteria for Institutions.
- Modes of Operation.
- Government Organizations.
- Non- Govt. Organizations.
- Operational Mode of WAIM.

A well designed and planned operational mode of model need to be implemented at broad base. The educational mode of integrated medical education program (IMEP) was implemented in 1090 through its first institution named Prashanti Medical Care Institute (PMCI), at Varanasi. India is the first country in the world to have an ideal model of integrated medicine education (IMEP). World Health Organization has mentioned in the article published in World Health Forum regarding initiation of Integrated Medicine teaching program at Prashanti Medical Care Institute at Varanasi **(1)** UP, India.

World Association of Integrated Medicine has solid grounds to establish integrated medical education program (IMEP) in accordance to the earlier thoughts, concepts and definitions of the Great men of India and definition of World Health Organization. The Indian Model of integrated medicine is the best way to attain the long term goal of health for all.

QUALITIES OF MODEL

Indian model of integrated medicine is a best model in both ways i.e. *Education* and *Service*. It has its qualitative and effectively implementational values. The under mentioned nine qualities are pertaining to the model of the model World Association of Integrated Medicine.:

1. Acceptable,
2. Economical,
3. Effective,
4. Easily assessable to the common men.
5. Use of available resources of the country.
6. Resource generating.
7. Employment oriented.
8. It will bring name, fame and finance to the country.
9. India is going to be the 'World Teacher ***(Vishwguru)'*** of integrated medicine.

CRITERIAS FOR INSTITUTIONS

World Association of Integrated Medicine has developed certain criteria for those institutions who wish to participate as unit for integrated medical education program (IMEP). Some of the common criteria are:

1. The institutions must have registration with competent registering authority of the state/country.
2. The Governing Body of the institute must have at least five qualified practitioners of minimum three systems of medicine.
3. The institute must have its own Hospital / Nursing Home / Associated hospital irrespective of number of bed.
4. The institute must have own or rented campus with plan to have its own campus..
5. The management of the institute must have co-ordination and collaboration with the institutions of modern and traditional medicine.

MODES OF OPERATION

The operation of the Indian model of integrated medical education program (IMEP) is a big establishment. It is difficult without the involvement of the government to carry the model in full swing. Once the government is involve, it become easy to carry out the model even by the non-governmental organizations (NGO). So long the model is not accepted by the government of India, it is big task to initiate the model. However, World Association of Integrated Medicine has initiated the model with very limited resources and has established the model in India as Non -Governmental Organization (NGO) and spread the message of integrated medical education (IMEP) globally. Once the government of India approves the model, it will get establish and develop quickly. World Association of Integrated Medicine suggests two modes of implementation of Indian model: -

- Government Organizations (GOs).
- Non-Government Organizations (NGOs).

GOVERNMENT ORGANIZATIONS

Here, the National / State government should initiate and implement the model. The government can accept the plan and implement the plan directly or through their agencies after necessary alteration and modification in the model. Her all the official formalities are smooth and require fewer efforts.

MERITS OF GOVERNMENT INVOLVEMENTS

The merits of the involvement of the government in implementation are many folds. The important merits are-

1. All the official formalities are smooth.
2. An overt recognition.
3. It becomes government or government sponsored program.
4. Easy to get assistance from government organizations.
5. All the employees are employed by the government or his nominee.
6. All the managements are made by government.
7. Government is responsible for total expenditure.

DEMERITS OF GOVERNMENT ORGANIZATION

Merits and demerits are relative. There are few demerits to the program if initiation through the government. Some of the important demerits are:

1. The approach to the Government is difficult.
2. It is more political.
3. It requires involvement of large funds.
4. Total dependent on Government.
5. All administrative and financial control is made by Government.

NON- GOVERNMENT ORGANIZATIONS

Here, the likeminded people members of the non- governmental organization (NGO) assemble discuss the plan and start and the implementation of the program. These non–governmental organization (NGOs) are of two types:

I. Merits Based NGOs.

II. Government Based NGOs.

I. MERIT BASED NGOs.

These are those NGOs who understand the merits of the system and want to promote for integrated medical education and the service of the masses of community with integrated medical approach. They may be:

1. Medical Practitioners of various system of medicine,
2. Community health service oriented NGOs.

II. GOVERNMENT BASED NGOs.

These are those NGOs who understand the merits and want to promote integrated medical education and program to serve the community trough the integrated medical graduates but have hesitation in their mind because of its non approval by the government. They may be:

1. NGOs are run by medical professionals.
2. NGOs run by non medical persons.

MERITS OF NON- GOVERNMENT ORGANIZATIONS

The merits of the involvement of the non-government organizations (NGOs) are many folds. Some of the important merits are-

1. It is easy and can be initiated with small resources.
2. The local registrar of society is entitled to register the organizations
3. The initiation and development are confining to non-governmental organization.
4. All administrative and financial control is within the non-governmental organization.
5. The utilization of services is within the reach of a common man.
6. All employees are private and work within non-governmental organization.

DEMERITS OF NON GOVERNMENT ORGANIZATION

The demerits of the involvement of the non-government organizations are many. Some of the important demerits are-

1. All the official formalities are difficult.
2. In spite of all merits, one has to wait for longer time for approval of the Government and after long waiting one may not get in his life time.
3. It is not a Government Program.
4. All the employees are employed by non-government organization.
5. All the managements are made by non- government organization.
6. Government is not responsible for any expenditure.

OPERATIOALMODE OF WAIM

As long as the World Association of Integrated Medicine is not taken over or approved by the Government of India, the World Association of Integrated Medicine is running the program with minimum resources within the limits as follows:

- World Association of Integrated Medicine advertises the admission and selects the candidates for its various courses according to their subject and course.
- After selection, the candidate is advised to send the details to Indian Foundation for Development of Integrated Medicine (IFDIM) which is academic division of the World Association of Integrated Medicine.
- Indian Foundation for Development of Integrated Medicine assigns a topic for dissertation/ thesis according to the course under the academic advisor.
- The candidate is advised to submit the dissertation/ thesis six months prior to the examination.
- At the end of the term, the candidates are subjected to examination in theory, practical and clinical examination.
- After the declaration of the result, the candidate granted Certificate, Diploma and Advanced Diploma (Equivalent to Postgraduate Degree in Integrated Medicine) in the assigned subject/specialty.
- All successful candidates are registered with International Integrated Medicine Council which is registering division of World Association of Integrated Medicine.
- After registration, the candidates are free to proceed for practice of integrated medicine indecently or work under Integrated Medical and Health Services (IMHS) scheme.

CHAPTER -18

CONTRIBUTIONS OF WAIM

- Introduction.
- Backgrounds Contribution.
- Approximation of Systems.
- Integrated Medicine.
- Contributions of WAIM.
- Nine Gems of Integration.

It is always better to stand on their own strength and if there is any weakness that should be taken care of in due course of time. Majority of countries have their own or acquired traditional medical and or healing system in one or the other name. India is lucky to have its own strong traditional medicines and healing in the name of Indian System of Medicine (ISM) which has recently incorporated Homoeopathy and Yoga and has named it as AYUSH (***Ayurveda, Yoga, Unani, Siddha and Homoeopath***). It has its own department and ministry under government of India. This ministry is fully responsible for development of AYUSH program in India. During the period of traditional medicine, the conventional medicine (modern medicine) initiated and gradually well developed in Indiaand many other countries due to its merits without caring of demerits. The extent of development of conventional medicine was to the extent that the user of traditional medicine started switching to conventional medicine and now it is well developed and well established official system in most of the country of the world including India. With passage of time the demerits of conventional medicine surfaced and the merits of traditional medicine were being realized by many and the efforts of use of both systems (conventional and traditional medicine) were being realized. Out of all, some Great men(*scientist, social works, politicians, educationists, and academicians*) came forward with advocacy of use of both systems together as integrated medical system.

BACKGROUNDS OF CONTRIBUTION

The origin of integrated approach is not new but the term integrated medical system (ISM) is definitely new after the four organization group of medical system by World Health Organization before Alma-Ata Declaration in 1977. The term integrated approach with the combination of medicaments, diet, life style, yoga, meditations etc. Before, the modern medicine came in existence integrated approach were practiced which is still continue. The present scenario of integrated medicine (*from Divine Cosmic to Modern Era*) is the contribution of many unknown, unnamed contributors as -Searchers, Researchers and Great men

(*scientist, social works, politicians, educationists and academicians*) are worth to keep in view. Besides the above, many organizations like World Health Organization (WHO) has a strong land mark by defining the system of integrated medicine in most appropriate scientific manner as- *"Integrated Medicine merger of modern and traditional medicine in medical education and jointly practiced within a unique health service complex.* The contribution of Indian Foundation for Development of Integrated Medicine (IFDIM) and further World Association of Integrated Medicine (WAIM) has strengthened and moved in accordance to the definition of WHO. Some of the contribution landmarks are.

- When the universe started, how long continue and when it will finish? This is all the mystery of GOD.
- The divine transplant surgery performed by ***Lord Shiva on Ganesha*** is well known example of Hindu Culture.
- **Mahatma Gandhi**, the father of the nation who believed in Nature Cure supported the integration and suggested integration of natural system of healing during Indian National Congress Convention at Nagpur in 1920.
- In 1822, with the initiation of practice of modern medicine, the traditional physicians (*Vaidyas*) started the dissection of body in various medical institutions in India. Though, there had been the history of dissection by **Sushruta** in the past.
- In 1936, **Dr. Vidhan Chandra Roy**, the renowned Physician and Ex-Chief Minister of West Bengal emphasized for integration of traditional system with modern system.
- **Pt. Mahamana Madan Mohan Malviya,** the founder of Banaras Hindu University had an idea of integrated medicine. He started Ayurvedic College in the university with the idea of integration and later the Ayurvedic College developed the college of modern medicine but due to official problems; the integration could not take place.
- After independence, in **1949, Chopra Committee** recommended integration where the panel propagated training of modern medical subjects in Indian System of Medicine (ISM) colleges and vice versa. The government overlooked the proposal and preferred to imbibe the western modern system.
- **World Health Organization (WHO)** grouped the practitioners in to four groups as *Monopolistic*, *Tolerant*, *Parallel* and *Integrated* after inclusion of traditional medicine in their programme to achieve the goal of "Health for all by 2000 AD.

- **World Health Organization (WHO)** defined integrated medicine as to merge of modern and traditional system in medical education and practice under unique health service complex.
- Madras Registration of practitioners of integrated medicine Act No. XXVII of 1956 came into existence for registration of graduates of integrated medicine.
- **In 1958, Padmshri Prof. K.N. Udupa Committee** was set up by the Government of India which the committee upheld the earlier recommendations for development of integrated medicine.
- **In 1983, the Government Formulated National Health Policy-** To achieve the goal of Health for all by 2000 AD where Government desired to promote the integration and well considered steps were thought to achieve the optimal result as need of the time.
- **Dr. Karan Singh**, Former Union Minister of Health stressed on the need of combining the indigenous and modern medicine to achieve the optimal as need of the time.
- **In 1990, Dr. N P Dubey and Padmshri Prof. K N Udupa** met in a meeting and had three days discussions on the matter of integrated medicine and ultimately both reached to the conclusion to initiate the integrated medicine through institution and the first institution of integrated medicine was started as non-governmental organisation in Varanasi in the name of Prashanti Medical Care Institute (PMCI) where **Padmshri Prof. K N Udupa** joined as Director of Institute and continued till last breath. He had the great hope of establishment of integrated medicine as independent medical system of treatment at least in India which will be followed by the entire world.
- **Dr. N P Dubey** through World Association of Integrated Medicine (WAIM) is continuing the mission of Integrated Mission. He has great believed and hope of the indirect and direct blessings of all past contributions of Searcher and Great men **(***scientist, social works, politicians, educationists, and academicians*).
- Sri Sri Sri Prof. **Dr. A.V. Srinivasan**, Founder Chairman, Sri Paripoorna Sanathana Charitable Trust (R), Arjunabettahalli, Nelamangala, Bangalore in association with **Dr. Nagendra Prasad Dubey** (Dr, N. P. Dubey) has submitted **"A Project Proposal"** on establishment of integrated medicine as an independent Medical System in India to

Hon'ble Sri Narendra Modi, Prime Minister of India for accepting the Project proposal for the benefits of the future generations on 13th August 2021.

- **Dr. Anshuman Kumar,** Specialist on Health Policy has stressed in his article in "*National Sahara Hastkshep*" Page 4 on 28th May 2022 to develop the Concepts of Integrated Medicine as compared to various "Bridge Courses" to modern and Indian System of Medicine respectively.
- **Prof K N Dwivedi,** Executive Member of the Indian Council of Research in Ayurveda and Dean, Faculty of Ayurveda, Banaras Hindu University, Varanasi has stressed that in order to achieve the goal of the "National Health Mission" the integration of modern and traditional medicine is necessary (*Daily Dainik Jagran, Varanasi*). He was presiding in a Satellite Seminar of 9th World Ayurvedic Congress on 2nd September 2022. The recommendation is in accordance to the concepts of World Association of Integrated Medicine.

APPROXIMATION OF SYSTEMS

Health has been always problem for entire world. World Health organization (WHO) was created in 1948 with the help members states of the world. Every country had problem of making health and medical care available to their entire citizen. The only method of treatment and healing were traditional medicine and healing. The traditional medicine was incorporated in WHO program in 1976 keeping in view the various operational aspects of both systems. Initially, there was gap and gulf between practitioners of traditional and modern medicine. With the passage of time the gulf between the traditional and modern systems appears to have been narrowed. The practitioners of modern medicine have developed some interest in traditional medicine and the practitioners of traditional medicine are beginning to accept and use modern medical technology in diagnosis and treatment.

In addition, some health administrators of developing countries saw and realized the need and importance of traditional medicine. They have recommended the inclusion of traditional healers in Primary Health Care on the grounds that **(1)**:

1. Healers know the socio-cultural background of that area.
2. Healers are highly respected and experienced in their work.
3. Economic consideration by using local resources.

4. To reduce the distance in providing health facilities.
5. To strengthen the traditional believes.
6. To overcome the shortage of health professionals for the service of community.

World Association of Integrated Medicine (WAIM), support the above mentioned recommendation as-"The Need of the Day".

INTEGRATED MEDICINE

Integrated Medicine is defined as combination/unification of the modern and traditional medicine and development of its teaching, training, treatment, research and national implementation on possible scientific parameters. The best integration is the combination of all aspects i.e. principles, diagnostics and therapeutics in one combination but it can also be done even in principles and or diagnostics and or therapeutics [(2)]. In order to achieve the modern holistic treatment and health care delivery, Integrated Medicine is the best answer. We know the facts that the goal of health for all is not possible with any one system because of many reasons. Thus, there is an urgent need of integrations as per ***"Integrated Truth"-***

- None of the medical system is perfect.
- None of the medical system is useless.
- Every medical system has merits and demerits.
- Every system has its limitation.
- Our tradition is to respect all.

Under such circumstances the only answer is to take the best of all possible available systems together and develop its teaching, training, treatment, research and national implementation which could be nearer to the perfect as perfect is only one i.e. Omnipotent.(*Divine Intuitions, Revelations and Blessings of Sri Sathya Sai Baba).*

CONTRIBUTIONS OF WAIM

Based on the history of strong backgrounds, the contributions of World Association of Integrated Medicine are remarkable. The program of integrated medicine was initiated in 1990 through its first institution named Prashanti medical Care Institute in Varanasi. The institute aimed to impart integrated medical education program (IMEP). In 1993 the first national body was established in the name of Indian Foundation for Development of Integrated Medicine (IFDIM) under the President ship of Padmshri Prof. K N Udupa, Former

Director, Institute of Medical Sciences, Banaras Hindu University where Dr. N.P. Dubey was the Secretary of the Indian Foundation for Development of Integrated Medicine (IFDIM). In the beginning we met many highest officials, academicians of modern and traditional medicine, politicians and practitioners of various systems with great love, appreciation and affections. They encourage our ides, views and assured to support. The contributions of World Association of Integrated Medicine (WAIM) are multifold but broadly divided in two major groups:-

I. National Contributions.
II. International Contributions.

I. NATIONAL CONTRIBUTIONS

World Association of Integrated Medicine has made multifold contributions of India under following sub heads.

1. Integrated Medical Research,
2. Integrated Medical Education Program.
3. Integrated Medical and Health Services.
4. Employment Avenue.
5. Resource Generation.

1. INTEGRATED MEDICAL RESEARCH

Integrated medical research (IMR) is the basis of development of Integrated Medical System (IMS) for medical and health care. Integrated Medical System itself is the biggest contribution to the world. Besides, the development and general use of integrated medical system in medical and health care delivery, the World Association of Integrated Medicine has evolved the following aspects as challenge for further research and development.

- **Integrated Holistic Health Care:** The system incorporate **All techniques** as-*process, practices, measures and ingredients;* **All Possible Procedures** in - *diagnosis, prevention, elimination and rehabilitation including life styles*; **All Health** - *physical, mental, social, moral, spiritual and environmental;* **All Therapies as -** drug or drugless therapies along with **Faith in Divinity.** Integrated medicine stress Environmental aspects of health and Superconciousness level of the individual.
- **Nine Gems to Integrated Medicine:** Integrated medicine involves all the merits of traditional and modern systems with further increase the merits due to synergistic effects of the merits of two systems. This system has

collection of nine specific points called Nine Gems *(Navratna)* of integrated medicine. These **Nine Gems** are – *Perfection, Useful, Meritorious, Bridge, Research, Limitless, Flexibility, Holistic and Need of the Day.*

- **New Dimension of Life:** According traditional medicine life is union of union of *body, senses, mind* and *soul.* World Association of Integrated Medicine has added a new aspects as ***Superconciousness*** to the definition of life and has redefined life is union of *body, senses, mind, soul* and *Superconciousness.*
- **Holistic Diagnostic Methods:** World Association of Integrated Medicine has contributed two methods for assessing the holistic medicine and healing. These methods are *N P Scores, AUM Scores* and *Divine Chakral Scores.*
- **Involvement Culture and Tradition:** World Association of Integrated Medicine has involved the culture and tradition in prevention and treatment of many disorders**.**
- **Definition of Holistic Medicine:**"Holistic medicine is combination of divine, universal, individual contents to deal the holistic body and health of an individual to enable him to streamline the divine-universal individual connectivity (DUIC) to attain the ultimate goal of life i.e. Peaceful, Blissful and Long life".
- **Effective Approach:** Besides the general use, integrated medical system (ISM) has better effects in all i.e. ***acute, chronic, psychosomatic, immunological disease and disorders along with longevity*** than any isolated system of treatment and healing.
- **New Dimension of Health** – World Association of Integrated Medicine has added a new dimension of health called ***'Environmental Health'*** during Universal Conference on Integrated Medicine (UCIM – 98) held in November 1998 at New Delhi. Before that the components of Integrated Health Care –*Physical, Mental, Social, Moral, Spiritual* and *Environmental.*
- **Divine Chakras:** AUM Foundation LLC; NYUSA in collaboration with World Association of Integrated Medicine coined the **Divine Chakras** (***Atmic Chakr*** and ***Parmatmic Chakr)*.** The matters were discussed and approved by the holistic health committee at the Seminar held on Integrated Holistic Care on 20th July 2017 Philadelphia, PA, USA. The **Atmic Chakra** has three mini chakras i.e., *Spiritual Chakr, Monadic*

Chakr and *Divine / Superconcious Chakr* while the **Parmatmic Chakr** has four mini chakras *i.e. Vaisvanar, Taijas, Pragyan* and *Atman.* In order to attain, they are considered to be located in step ladder manner.

- **Divine Universal Individual Connectivity (DUIC):** This subtle connection between GOD/AUM (Divinity) and all individual self of all the universe contents to maintain their life and life force. The matter was discussed and approved by the holistic health committee at the Seminar held on Integrated Holistic Care on 20th July 2017at Philadelphia USA.

2. INTEGRATED MEDICAL EDUCATION PROGRAM

Integrated Medical Education Program (IMEP) is the back bone of integrated medical system (IMS). The educational pattern and its implantation has been well defined and being implemented with great appreciations. The integrated medical education program is contributing in following ways.

- **New Medical Education System** –Integrated Medical Education Program (IMEP) has been introduced for the first time in India on possible scientific grounds (*As some parts of traditional medicine need to be tested and developed scientifically*). The educational pattern introduced by World Association of Integrated Medicine is unique and so for no other country in the world had such educational program.
- **Course Curriculum:** The course curriculum is well accepted and has been appreciated by South Asia Region Office (SEARO), New Delhi and World Health Organization (WHO) Head Quarter (HQ), Geneva, Switzerland.
- **Integrated Courses:** World Association of Integrated Medicine has developed and implemented the courses of *Graduate, Postgraduate Diploma, Degree (Advanced Postgraduate Diploma), Membership and Fellowship of World Association of Integrated Medicine* along with undergraduate *Medico technical Certificate and Diploma* from 1990 onward.
- **Affiliated Institutions:** World Association of Integrated Medicine (WAIM) has affiliated and associated institutions for conducting - *Graduate, Postgraduate Diploma, Degree Advanced Postgraduate Diploma, Membership, Fellowship* and *Medico-Technical Certificate and Diplomas.*

- **Government Ordinance:** HE the Governor of Uttar Pradesh, issued the ordinance for establishing the faculty of Medical Sciences for conducting the course of -***Modern Medicine, Dental Medicine, Integrated Medicine, Alternative Medicine and Medico Technical Courses*** in Mahatma Gandhi KashiVidyapeeth University, Varanasi, the Course and Curriculum was prepared by Dr. N.P. Dubey, the President of World Association of Integrated Medicine.
- **Best Wishes of Decision Makers:** World Association of Integrated Medicine is continuously receiving the best wishes and moral supports of the top most politicians, educationists, National and International organizations and associations for success of Integrated Medicine and System from 1990 onward.
- **Copyrights from Government:** World Association of Integrated Medicine has already received the copyrights for all its literary and institutional activities from the department of Higher Education, Government of India.
- **Addition of Postgraduate Programs in University:** The Post Graduate Diploma in Integrated Medicine (Integrated Cardiology and Integrated Gastroenterology) and alternative was started under CCII of CMJ University, Meghalaya which has been established under UGC act of Government of India.
- **Three Divisions:** World Association of Integrated Medicine has three major divisions which are working together with their identity.

  1. Administrative Division: World Association of Integrated Medicine is the main body to frame all the Policy, Administrative and Academic works. World Association of Integrated Medicine is also responsible for identifying, establishing and monitoring the institutions with the help of its other divisions.

  2. Academic Division: India Foundation for Development of Integrated Medicine (IFDIM) is the academic division which is responsible for development, standardization and implementation of the course and curriculum.

  3. Registration Division: International Integrated Medicine Council (IIMC) is the registration division of World Association of Integrated Medicine (WAIM). This division takes care of registration of all the qualified students (Medical and Paramedical

both) and practitioners of integrated medicine under various clauses of International Integrated Medicine Council (IIMC).

- **Encouragement to Study Exchange Program (ESP)**– Quality integrated medical education program (IMEP) is attracting more and more students from all over the world but all are waiting approval of Government of India. They are joining as member and fellowship of World Association of Integrated Medicine (MWAIM and FWAIM)
- **World Teacher –** India being the rich heritage of traditional medicine, availability of modern medicine and Pioneer of Integrated Medicine is going to become World Teacher (***VIAHWGURU)*** of integrated medical education program (IMEP) and its specialities for the entire world.

3. INTEGRATED MEDICAL AND HEALTH SERVICES

Integrated Medical and Health Service (IMHS) is the service division of integrated medical education program (IMEP). Integrated Medical and Health Service is for the masses of the nation. The proper implementation will give the best medical index of the nation in terms of health and longevity. The integrated medical and health services contribute in following ways.

- **Strengthening the Bond between Two Systems:–**The increased demand of integrated medical program has increased the cooperation and coordination between modern and traditional medicine for better best medical and health care delivery.
- **Utilization of Natural System of Healings:** India has modern and AYUSH (*Ayurveda, Yoga. Unani, Siddha and Homoeopath*) systems. Besides these main systems, India has other system of treatment and healings as – *Herbal Medicine, Astro-medicine, AUM Therapy, Acupuncture, Electrohomeopathy, Spiritual healings* etc. World Association of Integrated Medicine provided space to these systems also by incorporating their persons and system in health care delivery within limitation.
- **Utilization of Natural Resources:** India has rich heritage of natural medicinal resource in forms of *Plants, Herbs, and Minerals* etc. which are used in preparation of medicine and medicaments along with local uses by the indigenous practitioners. World Association of Integrated Medicine has made the provision to include as much as the natural resources could be utilised in their natural form as possible.

- **Utilisation of Local Practitioner:** World Association of Integrated Medicine has provision to utilise the services of the local practitioners (after suitable training) in facilitating the services of integrated medicine in particular areas.
- **Best Medical Care** –The integrated medical system through rendering the medical, health and community services is boon for Primary Health Care System (PHCS)**.**

4. EMPLOYMENT AVENUES

Employment is big problem everywhere in the world especially in developing countries. World Association of Integrated Medicine has also concern with the problem. Keeping in views, the problems World Association of Integrated Medicine has developed some innovative plan through education, training and self employment. Thus, the contribution is divided in three ways of employments:

- **Employment by Education**:

  Younger and deserving generations are subjected to suitable medical and medico-technical trainings so they contribute the nation by-

  1. Advisor in concern department,
  2. Integrated Medical Faculties.
  3. Researcher in integrated medicine and specialties
  4. Medical Practitioners.
  5. Integrated Medical Educator.
  6. Consultant in Integrated Medical Health Services.
  7. Integrated Medical Officer (IMOs)
  8. Technician and Technologist in concern subjects and specialist.

- **Employment by Training:**

  Younger generations wish to undergo suitable short terms training according to their capacity and capability are selected and subjected to necessary training to help the institutions as well as to serve the community at grass root levels. Thus such trained personnel contribute the nation by-

  1. Traditional Birth Attendants (TBAs).
  2. Health Visitors (HVs).
  3. Health Care Providers (HCPs).
  4. Community Vaccinators (CVs).
  5. Health Counsellors (HCs).
  6. Yoga Trainers (YTs).

7. Community Health Surveyor (CHSs).

- **Employment by Self (Self Employment):**

  The untrained young group, elder populations and farmers are the back bone of the nation. They are shorted in the community and depending on their location and assessing their capacity, capability and availability of land, they are advised and guided to employ them self and contribute the nation by-

  1. The traditional healers are suitably trained and advised for self employment along with proper referral for medical and health services.
  2. Cultivation of medicinal herbs and plants.
  3. Procurement of herbs and plants from neighbouring areas.
  4. As protector of trees, plants and water resources for better environment in local areas.
  5. Organisation of local health programs as – *Camps, Meetings and Vaccinations.*
  6. Working as office staffs, fourth class employees and security guards in institutions.
  7. Community Health Leaders.

5. RESOURCE GENERATION

Resource is the most important requirement in order to run any program. In the beginning, there is huge amount of involvement of resources to initiate the program under various heads. World Association of Integrated Medicine also has the problems of lack of resources even then World Association of Integrated Medicine has developed some innovative plan for resource generation. The national and international resource generation of World Association of Integrated Medicine are contributing in following ways:

- **Integrated Medical Education Program (**IMEP): This is one of the best resource generating programs. It will lead the country to generate more and more resources. The integrated medical education program (IMEP)is helping through following ways:
  1. Admission in Various Courses as - *Undergraduate, Post graduates (Diploma and Advanced Diploma), Membership and Fellowship Programs and Medico technical courses.*
  2. Affiliation / Accreditations of Institutions.
  3. Implementing course and curriculum.
  4. Study Exchange Programs (ESP)**.**

5. Arranging guest lecturing faculties.

- **Integrated Medical and Health Services (IMHS):** Through the services of graduates and postgraduates of integrated medicine.
- **Supply of Medicinal Herbs:** The effective and non-available medicinal herbs could be export in the country where these herbs are required**.**
- **Supply of Traditional Medicine:** The effective and non-available traditional medicine could be export in the country where these medicines are required.
- **Increase Avenue of Employment**: From labours to the highly skilled and qualified personal get opportunity to involve themselves in self-employment to the highest consultant and advisors in country and abroad.
- **Increased Export and Import Trade-** The increased demands of non available and necessary required raw materials in and outside the country increases the export and import trade.

II.INTERNATIONAL CONTRIBUTIONS

World Association of Integrated Medicine has made many contributions internationally by advocacy of introduction medicine through – *Conferences, Seminars, Lectures, Workshops and Demonstrations.* Though, every country is free to choose the medical system for their health care delivery. World Association of Integrated Medicine does not force any country to implement the integrated medicine as per Indian suggestions. However, on request and the desire of some institutions and non-governmental organizations (NGOs), it has been explained that the international contributions could be made under following heads based on Indian principal guidelines of contributions with necessary additions and omissions:

1. Integrated Medical Research,
1. Integrated Medical Education Program.
2. Integrated Medical and Health Services.
3. Employment Avenue.
4. Resource Generation.

NINE GEMS OF INTEGRATION

Integrated medicine involves all the merits of traditional and modern systems with further increase the merits due to synergistic effects of the merits of two systems. This system has collection of nine specific points called Nine Gems ***(Navratna)*** of integrated medicine. These Nine Gems are:-

1.	**Perfection**	Near to perfect.
2.	**Useful**	Most useful system of treatment and healing.
3.	**Meritorious**	Combined merits with synergistic merits.
4.	**Bridge**	Bridge between existing systems.
5.	**Research**	Wide scopes of research in all spheres.
6.	**Limitless**	Not limited in strict scientific boundary only.
7.	**Flexibility**	Having flexibility (Provision of addition and omission).
8.	**Holistic**	Beneficial as Integrated Holistic Health Care.
9.	**Need**	Integrated Medicine is the Need of the Day.

REFERENCE

1. ***Information and Education for Health*** in support of HFA by 2000 AD; World Health Organization; SEARO Regional Health; Paper No.17, 1988, P1.
2. ***Dubey; NP;*** Basic Principles of Integrated Medicine; Science and Philosophy of Integrated Medicine; Revised Edition; 2002, P. 7.

CHAPTER- 19

ACADEMIC PROGRAMS

- Introduction.
- Types of Institutions.
- Institute of Integrated Medicine.
- Institute of Traditional Medicine.
- Institute of Alternative Medicine.
- Institute of Holistic Medicine.
- Institute of Medico Technical's.
- Confidentiality of Academics.

World Association of Integrated Medicine (WAIM) is the first academic institutions for promotion of Integrated Medical Program (IMP) in the world. The Integrated Medical Program (IMP) includes Integrated Medical Education Program (IMEP) and Integrated Medical and Health Program (IMHP). The academic program of World Association of Integrated Medicine has been appreciated by World Health Organization SEARO, New Delhi and Head Quarter, Geneva, Switzerland. This program is our recognition. Integrated Medical Program (IMP) is our innovative, unique and well accepted in one or the other form in various countries of the world. Academically, we are trying to cover the integration of most common available systems in the country. We have the provision of relaxation to incorporate the applied aspects of medical treatment, healing of other countries depending on many aspects of feasibility. In this chapter we are dealing with the integration of medical systems of India.

World Association of Integrated Medicine offers a range of courses from undergraduate certificate to highest research level courses. The academic programs are offered in general and specialty through its head office, country chapters and affiliated/accredited institutions. We are offering courses under its various institutions and academic advisors for the benefit of the practitioners of modern medicine, traditional medicine, alternative medicine and holistic medicine and healings along with the medico technical programs in various allied health sciences. The academic courses are innovative and based on ideas, thoughts and intuition as need of the day. We are trying in direction to establish the Integrated Medical Program as independent National Program like Modern Medicine and Indian System of Medicine through special Act of Government of India.

TYPE OF INSTITUTIONS

In order to achieve the aims and objectives of integrated medical education program (IMEP) and integrated medical health program (IMHP) of various levels,

World Association of Integrated Medicine (WAIM) has incorporated the commonly available systems of treatments and healings initiated five types of institutions for conducting the various ***teaching, training, treatment and research.*** These institutes are:

- Institute of Integrated Medicine
- Institute of Traditional Medicine
- Institute of Alternative Medicine.
- Institute of Holistic Medicine.
- Institute of Medico Technical's.

Each institute run related integrated courses in general and specialty. The courses may vary from undergraduate certificate to research levels. The course details are mention in the concerned institute.

INSTITUTE OF INTEGRATED MEDICINE

The institute of integrated medicine **(IIM)** is the pivot of the integrated medical education program (IMEP) around which the other integrated institutions and integrated medical and health programs move. The main activity is integrated medical education program (IMEP) which is comprised of its main components as -***Teaching, Training, Treatment, Research and National Implementation***.

COURSES OF INTEGRATED MEDICINE

The institute of integrated medicine was initiated as ***"Need of the Day"*** which is still continuing. The institute has the provision of following courses:

I. Bachelor (*Bachelor of Integrated Medicine and Surgery).*
II. Postgraduate Courses (*Certificates, Diploma and Advanced Diploma*).
III. Advanced Studies (*Research in Integrated Medicine).*

I. BACHELOR COURSE

The bachelor course of integrated medicine is known as Bachelor of Integrated Medicine and surgery (BIMS***)***. This is five year regular course with one year of internship.

MISSION OF STATEMENT

It is designed and dedicated to provide the integrated medical education to the eligible students with an opportunity to enhance their academic growth *(knowledge and skills)* to bachelor level with the mission to provide the quality service to the patients and helps the community to lead a long productive life.

AIMS OF THE COURSE

The Bachelor of Integrated Medicine and Surgery (BIMS) course has been initiated with following aims;

1. To provide the basic fundamental backgrounds of integrated medicine to desirous candidates of integrated medicine.
2. To enrich with the applied knowledge of integrated medicine for community medical and health services.
3. To train the students for service in community with limited resources (Community oriented Services).
4. To train the student to integrated the indigenous services available in local area.
5. To encourage the students for service, further studies and research in integrated medical sciences.

ELIGIBILITY TO ADMISSION

The candidate seeking admission to Bachelor of Integrated Medicine and Surgery (BIMS) must have passed the 10+2 or equivalent examination of any recognised central or state board of India with *Physics, Chemistry and Biology*. A due consideration may be given to exceptional candidates of equivalent qualification without the above streams on evaluation and approval by academic division of World Association of Integrated Medicine.

INTEGRATION OF SYSTEMS

Present curriculum of Bachelor of Integrated Medicine and Surgery (BIMS) has been designed with keeping in view, the availability of the commonly practiced medical systems in India. The most commonly practiced systems available in India are:

A. Modern Medicine- Synonyms- Western Modern Medicine, Conventional Medicine, Allopathic Medicine.

B. Traditional Medicine- Here, the following Indian System Medicine has been taken for Bachelor of Integrated Medicine and Surgery (BIMS) course.

- Ayurveda System.
- Homeopathy System.
- Yoga and Naturopathy System.

Depending on demand the Ayurveda can be replaced by Unani and or Siddha System. The details course curriculum subjects.

II. POSTGRADUATE COURSES

The postgraduate courses are the higher courses of the subjects of graduate of integrated medicine, associated systems and specialties. The courses are - *Certificate, Diploma and Advanced Diploma* in various specialties of integrated medicine associated systems and specialties. WAIM has stopped MD / MS courses due to technical and legal problems and have introduced similar parallel course to MD / MS as Advanced Diploma (AD-Specialty in general and specialties).

MISSION OF STATEMENT

It is designed and dedicated to provide the integrated medical education to the officially qualified students and practitioners of modern and traditional medicine with an opportunity to enhance their academic growth *(knowledge and skills)* to postgraduate levels as - *Certificate, Diploma and Advanced Diploma* in general and specialty with the mission to provide the quality service to the patients and helps the community to lead a long productive life.

AIMS OF THE COURSE

The postgraduate courses of institute of integrated medicine and specialties have been initiated with following aims:

1. To enrich modern medicine with traditional principles, diagnostics and therapeutics tools and techniques and *vice-versa*.
2. To provide the possible scientific backgrounds to the traditional medicine.
3. To bridge the existing gaps between modern and traditional systems of treatment and healing.

AVAILABLE SYSTEMS

Present curriculum of World Association of Integrated Medicine has been prepared with keeping in view, the availability of the commonly practiced medical systems in India. The most common systems available in India are:

A. Modern Medicine- Synonym - Western Modern Medicine, Conventional Medicine, Allopathic Medicine.

B. Traditional Medicine: Traditional medicine has two groups:

1. Core Systems –The core system includes:

- Ayurveda,
- Unani,
- Siddha,
- Homeopathy.
- Integrated Medicine.

2. Optional Systems: The optional system includes:

- Yoga,
- Naturopathy,
- AUM Therapy,
- Marma Therapy.

CHOICE OF SYSTEMS

Here, the modern medicine is the base for all systems so the graduate of all (modern and traditional medicine) system has option to choose one system from Core Systems and one from Optional System for completion of their postgraduate course as *Certificate, Diploma and Advanced Diploma.*

ELIGIBILITY TO ADMISSION

The candidate seeking admission for any postgraduate course of the institute of integrated medicine must have passed their medical graduation as MBBS / BDS / BAMS / BUMS / BSMS / BHMS / BIMS or equivalent qualification from India or abroad.

COURSES AND DURATION

All the postgraduate courses (*Certificate, Diploma and Advanced Diploma)* in integrated medicine run by World Association of Integrated Medicine through various institutes are of one, two and three year durations respectively. The course and duration of course is mentioned below.

S. No.	Post Graduate Courses	Brief of Abbreviation	Duration
1.	Certificate in Specialty	(C Specialty (IM))	One Year
2.	Diploma in Specialties	(D Specialties (IM))	Two Years
3.	Advanced Diploma in Specialties	(AD Specialties(IM))	Three Years.

SPECIALTIES FOR POSTGRADUTION

World Association of Integrated Medicine offers postgraduate courses in integrated medicine and integrated dental sciences as – Certificate as –C Specialty (IM). Diploma as - D Specialty (IM); Advanced Diploma as- AD- Specialty (IM). The courses are offered in following main branches and related specialties.

Sl. No.	Subjects	Certificate (IM)	Diploma (IM)	Advanced Diploma (IM)
1	Integrated Medicine	--	DIM	ADIM
2.	Child Health	CCH	DCH	ADCH
3.	Cardiology	CC	DC	ADC
4.	Chest Diseases	CCD	DCD	ADCD
5.	Diabetology	C D.	DD	ADD
6.	Rheumatology	C Rh.	DRh.	ADRh
7.	Psychiatry Medicine	CPM	DPM	ADPM
8.	Gastro-enterology	C G E	DGE	ADGE
9.	Nephrology	--	DN	ADN
10.	Obst. &Gynecology.	COG	DOG	ADOG
11.	Dental Disorders	C DD	DDD	ADDD
12.	Dermatology	C D.	D D	ADD
13.	Emergency Medicine	C EM.	DEM	ADEM
14.	Medical Radiology	CMD	DMD	ADMD
15.	Medical Ultrasonography	--	DMU	ADMU
16.	Dental Sciences	--	DDS	ADDS
17.	AUM Therapy	CAT	DAT	ADAT
18.	Marma Therapy	CMT	DMT	ADMT

IMORTANT NOTIFICATIONS

All certificate, diploma and advanced diploma holders can suffix Integrated Medicine (IM) within the bracket with their respective certificate, diploma and advanced diplomas. Without suffixing (IM) is misleading and illegal. Other related subjects and specialties will be introduced on demand and available of Faculty Based on the above model, other integrated medicine certificate, diploma and advanced diploma courses could introduced in other country on demand of the Institutions / Nation according to the law of the country for which the affiliated /accredited institution shall be responsible. Candidates graduated in modern or traditional medicine can earn the certificate, diploma and advanced diploma from any institutes of integrated medicine.

INSTITUTE OF TRADITIONAL MEDICINE

The institute of traditional medicines **(ITM)** is the basis for evolving the integrated traditional medical education (ITME). The main activities of institute of our integrated traditional medicine are to find out the merits of various traditional medical systems on possible scientific grounds and make it possible to integrate in integrated medical education and service programs.

COURSES OF TRADITIONAL MEDICINE

The institute of integrated traditional medicine has the provision of following courses:

I. Postgraduate Courses (*Certificates, Diploma and Advanced Diploma*).
II. Advanced Studies (*Research in Integrated Traditional Medicine*).

I. POSTGRADUATE COURSES

The postgraduate courses are the higher courses of the subjects of graduate of integrated medicine, traditional medicine and associated systems and specialties. The courses are - *Certificate, Diploma and Advanced Diploma* in various specialties of integrated traditional medicine and specialties.

MISSION OF STATEMENT

It is designed and dedicated to provide the integrated traditional medical education (ITME) to the officially and traditionally qualified practitioners of traditional medicines and healing with an opportunity to enhance their academic growth (knowledge and skills) to Postgraduate levels as - Certificate, Diploma and Advanced Diploma in general and specialty with the mission to provide the quality service to the patients and helps the community to lead a long productive life.

AIMS OF THE COURSE

The integrated traditional medical courses have been initiated with the following aims.

1. To integrate the existing traditional medicine with modern principles, diagnostics and therapeutics aspects and *vice-versa*.
2. To enrich the traditional medicine with adequate scientific backgrounds.
3. To make traditional medicine more assessable to the common men.

AVAILABLE TRADITIONAL MEDICINE SYSTEMS

There are about 1350 types of traditional medicine / therapy / healings practiced all over the world. Most of the country has their original or acquired traditional medicine and healing in one or the other name and form. India had traditional medicines known as Indian System of Medicine which has been renamed as AYUSH (*Ayurveda, Yoga, Unani, Siddha and Homoeopathy*). For the purpose of post graduation, world Association of Integrated Medicine divided the systems in two major groups:

A. Core Systems –The core system includes:

- Ayurveda,
- Unani,
- Siddha,
- Homeopathy.
- Physical Medicine.

B. Optional Systems: The optional system includes:

- Yoga,
- Naturopathy,
- Herbal Medicine,
- AUM Therapy,
- Marma Therapy.

CHOICE OF SYSTEMS

Candidates graduated in any core system can choose any two more systems (one from core and one from optional) for completion of their Certificate, Diploma and Advanced Diploma course.

ELIGIBILITY TO ADMISSION

The candidate seeking admission in the institute of traditional medicine must have passed the bachelor / graduate degree as BAMS/BUMS/ BSMS/ BHMS/ BPT or any equivalent medical graduation in any approved traditional medical system of their country.

COURSES AND DURATION

All the postgraduate courses (*Certificate, Diploma and Advanced Diploma)* in traditional medicine run by World Association of Integrated Medicine through various institutes are of one, two and three year durations respectively. The course, abbreviation and duration of course is mentioned below.

Sl. No.	Post Graduate Courses	Brief of Abbreviation	Duration
1.	Certificate in Specialty	C Specialty (TM))	One Year
2.	Diploma in Specialties	D Specialties (TM))	Two Years
3.	Advanced Diploma in Specialties	AD Specialties(TM))	Three Years.

SPECIALITIES FOR POSTGRADUATION

World Association of Integrated Medicine offers postgraduate courses in Integrated Traditional Medicine (TM) and its specialties. The courses are as – Certificate as – C Specialty (TM), Diploma as- D.– Specialty (TM), Advanced Diploma as AD - Specialty (TM). The courses are offered in following branches and specialties.

Sl. No.	Subject and Specialty	Certificate (TM)	Diploma (TM)	Advanced Diploma (TM)
1.	Ayurveda/ Unani/ Siddha and Specialties.	CA	DA	ADA
2.	Homoeopathy and Specialties.	CH	DH	ADH

3.	Physical Medicine and Specialties.	CPM	DPM	ADPM
4.	Yoga	CY	DY	ADY
5.	Naturopathy	CN	DN	ADN
6.	Herbal Medicine	CHM	DHM	ADHM
7.	AUM Therapy	CAT	DAT	ADAT
8.	Marma Therapy	CMT	D.MT	ADMT

IMPORTANT NOTIFICATION

All certificate, diploma and advanced diploma holders can suffix Traditional Medicine (TM) within the bracket with their respective certificate, Diploma and Advanced Diplomas. Without suffixing (TM) is misleading and illegal. Other related subjects and specialties will be introduced on demand and available of Faculty. Based on the above model, other traditional medicine certificate, diploma and advanced diploma courses could introduced other country on demand of the Institutions / Nation according to the law of the country for which the affiliated /accredited institution shall be responsible.

INSTITUTE OF ALTERNATIVE MEDICINE

The institute of alternative medicine (IAM) is the basis for evolving the integrated alternative medical education (IAME). The main activities of institute of integrated alternative medicine are to find out the merits of various alternative medical systems on possible scientific grounds and make it possible to integrate in integrated and traditional medical education and service programs.

COURSES OF ALTERNATIVE MEDICINE

The institute of integrated alternative medicine has the provision of following courses:

I. Postgraduate Courses (*Certificates, Diploma and Advanced Diploma*).
II. Advanced Studies (*Research in Integrated Alternative Medicine*).

I. POSTGRADUATE COURSES

The postgraduate courses are the higher courses inS the subjects of alternative medicine/ healing and associated systems and specialties. The courses are - *Certificate, Diploma and Advanced Diploma* in various specialties of integrated traditional medicine and specialties.

MISSION OF STATEMENT

It is designed and dedicated to provide the integrated alternative medical education (IAME) to the officially and or traditionally qualified practitioners of alternative medicines and healing with an opportunity to enhance their academic growth (*knowledge and skills*) to postgraduate levels as - Certificate, Diploma and Advanced Diploma in general and specialty with the mission to provide the quality service to the patients and helps the community to lead long productive life.

AIMS OF THE COURSE

The aims of higher postgraduate courses in integrated alternative medicine (IAM) are:

1. To integrate the existing alternative medicine and healing on possible scientific basis.
2. To enrich the alternative medicine with adequate scientific backgrounds.
3. To make alternative medicine and healing more assessable to the common men.

AVAILABLE ALTERNATIVE SYSTEMS

India has many alternative medicines and healing systems. They are being practiced in different part of the country. Most of them are traditionally carried out by their family but one thing is there *i.e.**it gives reliefs*** which draw the attention of the locality to seek their help as and when required. Out of all some of the important systems are enlisted here. For the purpose of higher education in integrated alternative medicine, World Association of Integrated medicine has divided the systems in two major groups.

A. Core Group:

- Physical Medicine.
- Yoga and Naturopathy.
- Electro Homeopathy.

B. Optional Group:

- Acupuncture / Acupressure.
- Herbal Medicine.
- AUM Therapy.
- Marma Therapy.
- Psycho Healing.

CHOICE OF SYSTEMS

Candidates graduated in any core group system can choose any two system of optional system and candidates qualified in optional group system can choose any two more form optional group system for completion of their Certificate, Diploma and Advanced Diploma course.

ELIGIBILITY TO ADMISSION

The candidate seeking admission in the institute of alternative medicine must have passed the bachelor/graduate degree as BPT, BNYS, BEMS or Bachelor in any alternative medicine system / science or where the bachelor medical or health degree is not possible in the country, the candidate must have passed the bachelor/graduate degree with two years training in specific system. In case of an outstanding practitioner in any alternative system recognized locally and further by the local institution and approved by World Association of Integrated medicine, may relaxation in postgraduate training program.

COURSES AND DURATION

All the postgraduate courses (*Certificate, Diploma and Advanced Diploma)* in alternative medicine run by World Association of Integrated Medicine through various institutes are of one, two and three year durations respectively. The course, abbreviation and duration of course is mentioned below.

Sl. No.	Post Graduate Courses	Brief of Abbreviation	Duration
1.	Certificate in Specialty	C Specialty (AM))	One Year
2.	Diploma in Specialties	D Specialties (AM))	Two Years
3.	Advanced Diploma in Specialties	AD Specialties(AM))	Three Years.

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SPECIALITIES IN ALTERNATIVE MEDICINE

World Association of Integrated Medicine offers postgraduate courses in Integrated Traditional Medicine (TM) and its specialties. The courses are as – Certificate as – C Specialty (AM), Diploma as - D Specialty (AM), Advanced Diploma as AD Specialty (AM). The courses are offered in following branches and specialties.

Sl. No.	Subject and Specialty	Certificate (TM)	Diploma (TM)	Advanced Diploma (TM)
1.	Physical Medicine and Specialties	CPM	DPM	ADPM
2.	Yoga and Naturopathy and Specialties	CYN	DYN	ADYN
3.	Electro Homeopathy and Specialties	CEH	DEH	ADEH
4.	Acupuncture / Acupressure	C Ac	D Ac	AD Ac
5.	Herbal Medicine	CHM	DHM	ADHM
6..	AUM Therapy	CAT	DAT	ADAT
7.	Marma Therapy	CMT	DMT	ADMT
8.	Psychic Healing	CPH	DPH	ADPH

IMPORTANT NOTIFICATION

All certificate, diploma and advanced diploma holders can suffix Alternative Medicine (AM) within the bracket with their respective certificate, Diploma and Advanced Diplomas. Without suffixing (AM) is misleading and illegal. Other related subjects and specialties will be introduced on demand and available of Faculty. Based on the above model, other alternative medicine certificate, diploma and advanced diploma courses could introduced other country on demand of the Institutions / Nation according to the law of the country for which the affiliated /accredited institution shall be responsible.

INSTITUTE OF HOLISTIC MEDICINE

Institute of Holistic Medicine **(IHM)** is the basis of holistic aspects of life, treatment and healing. Holistic medicine is also described as combination of traditional medicine and alternative therapy. World Association of Integrated Medicine consider the holistic medicine as ***"Holistic medicine is combination of divine, universal, individual contents in combination to deal the holistic body***

and health of an individual to enable him to streamline the divine-universal-individual connectivity (DUIC) to attain the ultimate goal of life to lead peaceful, blissful and fruitful life". World Association of Integrated Medicine stress more on divine, universal, individual, spiritual, natural methods of healing and treatment. It is possible to practice with combination of any two to three components but best is combination of all. The main activities of institute of integrated holistic medicine are to find out the merits of various commonly practiced holistic systems on possible scientific grounds and make it possible to integrate in integrated, traditional, alternative medical education and service programs.

FEATURES OF HOLISTIC MEDICINE

According to World Association of Integrated Medicine, Holistic medicine consider the complete life cycle (*Past, Present and Future*) in treatment and healing. Some of the common considerations in holistic medicine are.

1. **Life is Union of:** Body, Mind, Sense, Soul and Superconcious**.**
2. **Consideration of All Bodies:** Physical, Ethric, Astral, Lower mental. Higher Mental, Intuitional and Atmic.
3. **Components of Health:** Physical, Mental, Social, Moral, Spiritual and Environmental.
4. **Techniques in Diagnosis:** Holistic Process, Practices, Measures and Ingredients.
5. **Management Levels:** Prevention, Elimination, Rehabilitation and life styles.
6. **Methods of Management:** Divine, Universal Contents, Natural contents, AUM Therapy, Vedic Mantras, Healing with Bijakshra, Bijamantra, Tantra and Yantras and recitals**.**
7. **Spiritual Contents**: Faith in *Divinity.*

Thus, the holistic medicine gives a new dimension to comprehensive Holistic health Care.

COURSES OF HOLISTIC MEDICINE

The institute of integrated holistic medicine has the provision of following courses:

I. Postgraduate Courses (*Certificates, Diploma and Advanced Diploma*).
II. Advanced Studies (*Research in Integrated Holistic Sciences*).

I. POSTGRADUATE COURSES

The postgraduate courses are the higher courses of the subjects of holistic medicine/ healing and associated systems and specialties. The available courses are - *Certificate, Diploma* and *Advanced Diploma* in various specialties of integrated holistic medicine and specialties.

MISSION OF STATEMENT

It is designed and dedicated to provide the integrated holistic medical education (IHME) to the qualified and traditionally trained practitioners of holistic medicines and healing with an opportunity to enhance their academic growth (*knowledge and skills*) to postgraduate levels as - Certificate, Diploma and Advanced Diploma in general and specialty with the mission to provide the quality service to the patients and sufferers. It helps the sufferer to lead a long peaceful, blissful and productive life.

AIMS OF THE COURSE

The aims of postgraduate courses in integrated holistic medicine (IHM) are:

1. To integrate the existing holistic medicine and healing on possible scientific grounds.
2. To enrich the holistic medicine with modern scientific principles.
3. To make holistic medicine and healing more assessable to the common men.

COMMON HOLISTIC MEDICAL SYSTEMS

There are about 1350 types of medicine, therapy and healings practiced all over the world. According to World Association of Integrated Medicine, India has rich heritage of traditional medicine, alternative medicine and holistic medicine and healing. Almost all religions have some or the other system of treatment and healing in different name. World Association of Integrated medicine has a long list of holistic treatment and healing. Based on popularity, efficiency, efficacy, availability and other feasible parameters the following common holistic medical systems are:

- AUM Therapy.
- Kundalini Therapy.
- Astro Medicine.

- Yoga and Meditation.
- Natural Medicine.
- Auric Healing.
- Psychic Healing.

CHOICE OF SYSTEMS

Candidate desirous to take admission in higher courses as postgraduate – Certificate, Diploma and Advanced Diploma can choose any three systems from above systems.

ELIGIBILITY TO ADMISSION

Candidates seeking admission in the institute of holistic medicine must have passed the bachelor/graduate degree in any of the above mentioned holistic / healing system, where the bachelor degree is not possible in the country, the candidate must have passed the bachelor / graduate degree with related system/stream and two years training in specific system or the candidate must have passed 10+2 with more than 5 years training and experience in concern system. In case of an outstanding healer / practitioner in any holistic system recognized by the community/institution and approved by World Association of Integrated Medicine may get further relaxation in eligibility.

SPECIALTIES IN HOLISTIC MEDICINE

World Association of Integrated Medicine offers postgraduate courses in Holistic Medicine and its specialties. The courses are as: Certificate -C Specialty (HM), Diploma D- Specialty (HM) and Advanced Diploma AD Specialty (HM). The courses are offered in following branches and specialties.

Sl. No.	Subject and Specialty	Certificate (HM)	Diploma (HM)	Advanced Diploma (HM)
1.	AUM Therapy	CAT	DAT	ADAT
2.	Kundalini Therapy	CKT	DKT	ADKT
3.	Astro Medicine	CAM	DAM	ADAM
4.	Yoga and Meditation	CYM	DYM	ADYM
5.	Natural Medicine	CNM	DNM	ADNM
6.	Auric Healing	CAH	DAH	ADAH
7.	Psychic Healing	CPH	DPH	AD.H

IMPORTANT NOTIFICATION

All certificate, diploma and advanced diploma holders can suffix Holistic Medicine (HM) within the bracket with their respective certificate, Diploma and Advanced Diplomas. Without suffixing (HM) is misleading and illegal. Other related subjects and specialties will be introduced on demand and available of Faculty. Based on the above model, other holistic medicine certificate, diploma and advanced diploma courses could introduced in other country on demand of the Institutions / Nation according to the law of the country for which the affiliated /accredited institution shall be responsible.

INSTITUTE OF MEDICO TECHNICALS

The institute of medico technical's are meant to run medico technical courses. These courses are the basis for evolving the integrated medical technical courses (IMTC). The main activities of institute of integrated medico technical education is to train the paramedical students in the subject they wish to make long term carrier along with integrated training in other subjects according to their choice inorder to make them efficient to work in absence of technician in other subjects.

MSISSION OF STATEMENT

It is designed and dedicated to provide the medico- technical education to the young prospective learner and those who are already working as paramedical worker in any institution without any official training and certification with an opportunity to enhance their academic growth *(knowledge and skills)* to certificate and diploma levels in order to provide the quality service in Clinics, Nursing Homes and Hospitals. The training will help them to lead a respectable life in society.

BACKGROUNDS

Medico-technical services are the back-bone of health services. World Association of Integrated Medicine initiated these courses in at the time of inception directly and through its affiliated/accredited institutions. The courses have designed as per need in India.

TYPES OF COURSES

World Association of Integrated Medicine offers two types of medico-technical courses:

I. **Certificate Course:** This is basic and short course of one year duration.
II. **Diploma Course:** This is longer, most technical and productive course. The duration of the course is two year.

ELIGIBILITY TO ADMSISSION

Candidate willing to seek admission to any course under the institute of medico–technical courses must have:

- Passed 10+2 or equivalent examination with science streams.
- An experience worker of more than 2 years experience in concern specialities in any Clinic, Nursing Home or Hospital can complete the diploma in one year.

CHOICE OF SUBJECTS

Candidate willing to complete the diploma in institute of medico technical courses has to opt a main and an optional subject as per their choice in order to complete his integrated technical diploma. Those who are interested in completing the diploma in single specialty, they need not to opt the optional subject.

TYPES OF MEDICO TECHNICAL COURSES

World Association of Integrated Medicine is offering following medico technical courses. Other courses will be included on demand after approval.

S. No.	Subjects	Certificates	Diplomas
1	Clinical Laboratory Technician	CCLT	DMLT
2	Physiotherapy	CPT	DPT
3	Radiological Specialties.	C R	D R.
4	Nursing Care	CNC	DNC
5	Operation Theatre Technician.	COTT	DOTT
6	Cardiac Technician	CCT	DCT
7	Hospital Supervisor.	---------	DHS

8	Intensive Care Unit (ICU)	CICU	DICU
9	Integrated Pharmacy	---------	DIP
10	Camp Management	CCM	DCM
11.	Pulmonary Function	CPF	DPF
12	Optometry	COpt	DOpt.
13	Integrated Technician	CIT	DIT
14	Integrated Health Worker	CIHW	DIHW
15	Hospital Receptionist	CHR	DHR
16	Dental Technician and Hygienist	CDTH	DDTH

CONFIDENTIALITIES OF ACADEMICS

World Association of Integrated Medicine is making all possible efforts to bring the program of integrated medicine at large level for mass benefit of the world specially the beginning from India as India taken the initiative for the first time in the world. The various aspects of programs have already been discussed in earlier chapters. Besides many other programs, the following main aspect related to the academic programs is available at administrative office.

1. Admission policy and procedures.
2. Course and curriculum.
3. Division of course and curriculum
4. Fee structures and mode of payment.
5. Examinations and results.
6. Certification.
7. Registration.
8. Guidance for employment.
9. Research and development

CHAPTER – 20

STRATEGIES OF WAIM

- Introduction.
- Earlier Medical Systems.
- Plan of Strategy.
- Pre-requisites.
- Strategies.
- Governmental Supports.
- Helps Required.

Innovation is fundamental right of every individual but its implementation and further establishment is very difficult in spite of very many merits especially in developing country. The integrated medical program (IMP) has been evolved and developed by World Association of Integrated Medicine (WAIM). Its effective implementation requires huge involvement of man, money and materials. This needs help of the Government and or the Capitalists after approval of Government of India. India is predominantly leaded by the politicians and bureaucrats. For implementation of any innovative works or idea, it requires a lot of perseverance and persuasions. Even then the innovator is not sure of its applicability. So for the Integrated Medicine is concern, India has rich heritage of traditional medicine and well developed modern medicine.

World Association of Integrated Medicine (WAIM), initiated integrated medical program (IMP) in 1990 through its first Institution Prashanti Medical Care Institute (PMCI) followed by establishment of its academic division known as Indian Foundation for Development of Integrated Medicine (IFDIM).In due course of development the International Institute of Integrated Medical Sciences (IIIMS), World Association of Integrated Medicine and International Integrated Medicine Council (IIMC) were developed and initiated. World Association of Integrated Medicine is looking forward for the approval of the Government of India.

EARLIER MEDICAL SYSTEMS

India has rich heritage of traditional medicine and healing. No system of medicine was started after approval of Government of India. All systems were started first. They served the people, people accepted the benefits of system in terms of relief from the suffering and they followed the system and build up the need of system. They moved self and tried with the Government of India with the help some Great men the system got approved and recognized. The Indian System Medicine is not borne after approval of Government of India. The common systems in India are now recognized and taken care by Government of India are:

1. Indian System of Medicine (Ayurveda, Unani and Siddha Medicine).

2. Naturopathic System.
3. Yoga System.
4. Homoeopathic Medicine /Remedy.

All above systems are available on the earth from the origin of life on the earth in one or the other form. Initially they were grouped in Indian System of Medicine (ISM). Now, all are approved under a big name of AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopath).Same way, Integrated Medicine is serving the community with the expectation of its approval and recognition from Government of India.

PLAN OF STRATEGIES

World Association of Integrated Medicine is trying its level best to get the Integrated Medicine (integrated medical education and integrated medical health services) be approved, recognized and get implemented in India for the benefit of the mass community of India. The integrated medical Program is going to make India as World Teacher (***Vishwguru***) for integrated medicine. The plan of strategy has steps:

- Pre-requisites.
- Implementation.
- Governmental Supports.

PRE-REQUISITES

Based on long national and international discussions, presentation and experience regarding the status of integrated medical services; we found India is most suitable country to initiate the integrated medical programs. Keeping in view the necessity of implementation of integrated medicine education program (IMEP) World Association of Integrated Medicine initiated the integrated medical education through Prashanti Medical Care Institute as a non-governmental organization in Varanasi in 1990. The following are the most important pre-requisites:-

1. Existence of Systems: In India has rich heritage of traditional medicine called Indian System of Medicine which has more developed now as AYUSH (Ayurveda, Yoga, Unani, Siddha and Homoeopathy)..

2. Ideas of Integration: Many Great men have given their thoughts, ideas, opinions and advocacy to develop and establish integrated medicine system. The establishment of the Integrated Medical System (IMS) is the real homage to their departed soul rather oral sympathy.

WAIM has implemented the programs with the slogan as - ***Integrated Medicine the Need of the Day***".

3. Consensus: A large consensus of national and international public, professionals and personnel's are in favour of the implementation of integrated medical programs. They are fully convinced to accept the program in accordance to the definition of World Health Organization (WHO) and further World Association of Integrated Medicine (WAIM)

4. Basic Works of Integrated Medicine: World Association of Integrated Medicine in India has taken leads in the entire world to introduce the system. The course and curriculum has been appreciated by World Health Organization South East Asia Region Office (SEARO), New Delhi, India and Head Quarter, Geneva, Switzerland along others organizations of the world (as mentioned in earlier chapters of this book).

IMPLEMENTATION

World Association of Integrated Medicine has already moved ahead the any country of the world. India has all basic main pre-requisites for implementation of integrated medicine. Based on pre requisites World Association of Integrated Medicine has already started integrated medical education program in 1990. In the phase of implementation the following steps already exist:

1. Registration of WAIM: World Association of Integrated Medicine (WAIM) and its various associated institutes are already registered under the respective acts of Government of India which is necessary for establishment of the institutions.

2. **Course and Curriculum:** The academic division known as Indian Foundation for Development of Integrated Medicine (IFDIM) has developed and implemented the curriculum for Graduate, Postgraduate and Medico technical courses.

3. Institutionalization: World Association of Integrated Medicine (WAIM) has affiliated and associated institutions for conducting - Graduate, Postgraduate (degree, diploma and certificates) and Medico-Technical Courses in various branches.

4. Government Ordinance: HE the Governor of Uttar Pradesh, issued the ordinance for establishing the Faculty of Medical Sciences in Mahatma Gandhi KashiVidyapeeth University, Varanasi, for conducting the course

of Modern Medicine, Dental Medicine, Integrated Medicine, Alternative Medicine and Medico Technical courses whose Course and Curriculum was prepared by Dr. N.P. Dubey, the President of World Association of Integrated Medicine.

5. Decision Makers: World Association of Integrated Medicine is continuously receiving the best wishes and moral supports of the topmost politicians, bureaucrats, educationists, national and International organizations for success of Integrated Medicine from 1990 onward.

6. Copyrights: World Association of Integrated Medicine has already received the copyrights for all its literatures and institutional activities from the department of Higher Education, Government of India.

7. Academic Achievements: The Post Graduate Diploma in Integrated Medicine (Integrated Cardiology and Integrated Gastroenterology) and alternative was started under CCII of CMJ University, Meghalaya which has been established under UGC act.

8. Three Divisions of WAIM: World Association of Integrated Medicine has three major divisions which are working together with their identity.

I. Administrative Division: World Association of Integrated Medicine is the main body to for all administrative and academic works. Its main function is to identify, establish and monitor the institutions

II. Academic Division: India Foundation for Development of Integrated Medicine (IFDIM) is the academic division which is responsible for development and standardization of the course and curriculum along the research programs.

III. Registration Division: International Integrated Medicine Council (IIMC) is the registration division of World Association of Integrated Medicine (WAIM). This division takes care of registration of all the qualified practitioners of all institutes of integrated medicine and medico technical candidates under various clauses of IIMC.

9. International Integrated Medical Forum (IIMF): This is Journal of World Association of Integrated Medicine to spread the message and awareness of integrated medical system.

10. International Relations: World Association of Integrated Medicine is directly and indirectly associated with many International Organizations (GOs and NGOs).

GOVERNMENTAL SUPPORTS

An innovative program starts on the thoughts and ideas of individual. In order to progress, it requires a name shape of the program. Then one need to get it officially registered. The registration is possible with the cooperation of like mined people. For all development there is requirement of man, material, money along with support of the concern government in either way. The support stands from registration to the establishment and further its running. World Association of Integrated Medicine has no any direct financial support of the government of India but have many indirect supports as-

1. Registered under SR Act of Government of India.
2. HE Governor of Uttar Pradesh issued the ordinance for Faculty of Medical Sciences in MGKV University, Varanasi where the subjects were included-
    - Modern Medicine,
    - Dental Medicine,
    - Integrated Medicine,
    - Alternative Medicine,
    - Medico-Technical Courses.
3. Copyrights all literatures and institutional activities of World Association of Integrated Medicine (WAIM) by the department of Higher Education, Government of India.
4. Inclusion of Post Graduate Diploma in Integrated Medicine (Integrated Cardiology and Gastroenterology) and Alternative Medicine in CMJ University (Approved Under UGC Act).
5. Best Wishes of Presidents, Prime Ministers, and Health Ministers of ruling and opposition time to time.

HELPS REQUIRED

World Association of Integrated Medicine has certain aims to attain from Government of India for which we are continuously trying. World Association of Integrated Medicine need following help from Government of India:

1. National approval and recognition of Integrated Medicine.
2. Approval for World Association of Integrated Medicine as independent Autonomous Institute to conduct all the programs (academic and service) of Integrated Medicine in India**.**
3. Financial Supports / Assistance if not possible even as **"Token Grant"** with permission to conduct all programs of World Association of Integrated Medicine (WAIM) will also be appreciated.

4. National recommendation to World Association of Integrated Medicine to other International Organization as WHO, UNICEF and other similar organizations for support of the program of Integrated Medicine.
5. Independent Ministry of Integrated Medicine in Government of India. As long the independent Ministry is not possible World Association of Integrated Medicine is allowed with any concerned Ministry.
6. To ***"Get Patent "***the "Ideas, Course and Curriculum of Integrated Medicine.
7. Other legal and moral supports necessary to establish the Integrated Medical System.

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WORLD ASSOCIATION OF INTEGRATED MEDICINE

(An Organisation for Global Establishment of Integrated Medicine)

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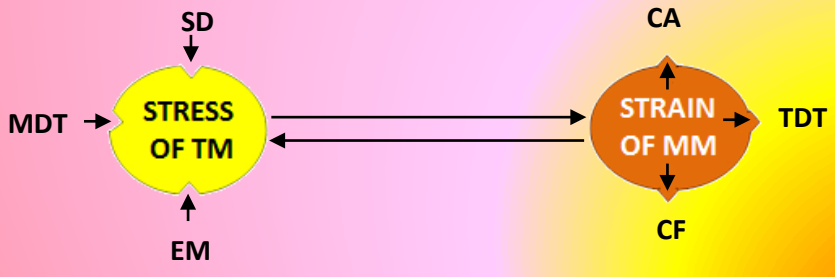
FOUNDER PRESIDENT

INTEGRATED TRUTH

Both existing systems (modern and traditional medicines) have stress and strain of their merits and demerits. Thus, there is an urgent need of integrations as per "Integrated Truth"-

- None of the medical system is perfect,
- None of the medical system is useless,
- Every medical system has merits and demerits,
- Every medical system has limitations and
- Our tradition is to respect all.

Under such circumstances, the only answer is to take the best of all the available systems together and develop its teaching, training, treatment, research and national implementation which could be nearer to the perfect as perfect is only one i.e. Omniprence who is controlling the entire universe.



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