

HOLISTIC HEALTH: Concept and Scope.

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1. What is holistic health and why?

In *Ayurveda* health is termed as *Swasthya* which means self-sustenance in life and living. It also means self-reliance or self-establishment in the context of the interdependence of a life or self with *Jeevatwa* or the elements of life in the universe (the Earth, light, wind, space, and heat). Thus health is a state of equilibrium between a human's external and internal environment. The concept of environment extends from that within a nucleus of a cell to the universe. World Health Organization defined health as a state of physical, mental and social wellbeing and not merely the absence of disease or infirmity. This concept tries to maintain that health is an expression of total conditions of human life – physical, genetic, chemical, environmental, cultural, economic, psychosocial, mental, intellectual, and spiritual. **Health relates to every thing that becomes of the part of human life systems or that determines the living.** What on earth is not related to life or living? Therefore, the concept of health has to transcend from the present techno-centric boundaries to holistic health encompassing the development of, or relating all or total aspects of human life.

2. Basics of Holistic Health Care.

A. Informed Decision and Responsible Choices – Civic responsibility:

Health care too has to change from the present prescriptive pattern to participatory health development with informed and responsible decision and choices. Here, a person decides or makes choices with a comprehensive knowledge of outcome – benefits and/or risks – of the decision or choice in a responsible manner. A person who seeks health services has a right to know what is his or her health status or problem, determinants of that, and options with the information about the best as well as alternative approaches available. The person may need help from a provider or providers. The help is to be in the form of appropriate counseling, guidance and advice followed by appropriate intervention, if necessary. Provider and recipient relationship is based on a social contract. This is to make the provider transparent, responsive and accountable, and the recipient informed, responsible and confident. This relationship is to be developed and founded on reason and trust encompassing the ecological, psychosocial, cultural, economic and personal considerations. Provider too has to have informed decision and appropriate strategy and action based upon evidence based information to have the productive relationship. The other aspect of the recipient responsibility is to participate in the management of one's and community's health actively with innovative initiatives.

B. Providers' role:

As early as 1842-48, Rudolf Virchow advocated that the 'Social determinant of health and disease as "political" matters beyond the physician's preview', and 'Medicine is a social science,

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and politics is nothing more than medicine on a large scale'¹. He was a tireless exponent of health education of general public. He wrote, 'As long as [education] does not aim to maintain and increase, by power of independent thought, a sound, genuine and unadulterated human understanding.... the layman will lack the basis to form his own judgment on his physician. ... Not only the uneducated, but also the educated layman will remain servilely subordinate to medical authority; ... a resounding title ... will constitute a most lucrative shingle for the medical quack ...'².

In my idea, a provider or health professional has to play four basic roles to fulfill his social responsibility, one has:

First, to update the self and others for the human resource development, and contribute to the advancement of science, technology and services related to one's profession,

Second, to use science, technology and services for the wellbeing of the people and for the benefit of the society.

Third, the intended benefit and wellbeing must be experienced and accepted as positive gain or difference by the people, and

Fourth, the gains could be measured statistically as the evidence of the progress or change.

Providers are to be responsible and interactive in making informed judgment and prescription, respecting human rights of the users.

C. Basic Minimum Needs and Quality of Life:

For holistic health both health and non-health parameters must be considered. Quality of life is intimately related to health and development. The concept of basic minimum needs should include adequate access or entitlement to the following twelve components of living:

Food; shelter; clothing; education; health; security including social security, and clean and sustainable environment; productive employment with income; progressive development (physical, mental, intellectual and social); participation in social and political affairs outside one's home; information and communication for social relations and for one's social identity; recreation and entertainment; and human rights³.

The basic minimum need is the primary to the enhancement of quality of life. The quality of life is, however, progressively dynamic as is the human needs. Opportunity and distribution of needs are to be based on equity and social justice in the spirit of collective social responsibility of humans.

D. Health and Non-health Sector:

The so called health and non-health sector is artificial and can not remain independent of each other as far as health and development is concerned. However for those who wish to be identified within the health sector, it may be said that health relates to non-health sector rather than health sector like education, income and access to opportunity and services, environmental conditions, food and nutrition, sanitation, participation in cultural and sociopolitical activities, etc. Health professionals, however, have to take leadership role in involving people and those in

other sectors to optimize health development. They have to breakaway from aspect blindness and paradigm paralysis in order to move forward.

There are some extreme quotations and anecdotes related to medicine and medical practice. As I have already qualified them as extreme, I do not advise any to borrow the idea as they are. But they deserve serious thinking and one needs to analyze open-mindedly why these are said. These are after all based on serious observations or analysis. To quote Oliver Wendell Holmes, 'If all the medicines in the world were dumped into the sea, it would be much better for humans, but so much worse for the fish'⁴. And old saying is equally tantalizing – 'A few is cured by doctors, a few more without doctors and many more in spite of the doctors'⁵. Evan Illich has said 'the investment in medicine including public health is tremendous waste of public and private fund'. These observations become valid if health and medicine continue to be fragmented, sectoralized, and isolated from the societal health. Advancement in medical technology and services in reality is not to glamorize these but to enhance societal health and wellbeing.

It is thus the prime responsibility of the health professional to advocate that health is public agenda and therefore the common concern of all⁶.

E. Health as Human right:

Health is an integral part of a human's living shared among and with other humans and biotic community (Shrestha I, Shrestha MP, 1997). **Health is thus a basic human right and is everybody's responsibility.**

French Declaration of the Rights of Man and of the Citizen of 1778 was the first document of its kind to have referred to what we now call social, economical and cultural rights: rights to education, work, property, and social protection. In 1941 Atlantic Charter was drawn which evolved the process of the development of *Bill of Rights* during 1942-45. **Universal declaration of Human Rights** was adopted and proclaimed by UN General Assembly in December 10, 1948. The article 25.1 of it states: -

Everyone has the right to a standard of living adequate for health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control⁷.

The WHO Constitution obligates the signatory governments to provide 'adequate health and social measures' for 'the highest attainable standard of health' and 'informed opinion' to all of their people.

F. Eco-health / Health and Environment:

Today, global eco-system and environment are challenged by increase in irresponsible consumerism aggressively promoted by multinational companies and forces of present day's globalization. In addition, the nature and environment is severely exploited. Every day, hundred of precious species are forced to extinction. Human survival itself is challenged now. The cult of violence in the world and among human population and increasing poverty have further deteriorated the quality of environment, living and safety. Planetary eco-system is now in real danger.

G. Human Governance:

Human Governance is a part of health and quality of life. In many countries Democracy is being insulted, that too, in the name of democracy. Democracy relates to every thing that is developed or done *with* and *by* the people and not *for* or *to* the people. Whereas misuse of democracy has played havoc in the lives of people, there are several studies showing that democracy itself is the most important predictor of health and quality of life. It is also found that where democracy is working there is minimum loss of life in the event of catastrophe compared to countries where democracy is not working or misdirected. Democracy is also a prerequisite of good and humane governance. Good governance again is another important predictor of human health. We presume that good and humane governance has following dimensions:

- **At political level:** Following elements must be effective:
 - ✓ Political commitment.
 - ✓ Primacy of people = Democracy.
 - ✓ Transparency and accountability.
 - ✓ Compliance to protect people and health.
 - ✓ Responsible bureaucracy (independent of partisan politics but committed to the service of people and reigned by the politics of people).
- **At socioeconomic level:**
 - ✓ Priority to public health goods – tackling determinants, managing conditions, and achieving results to make a difference.
 - ✓ Macroeconomic balance in allocation.
 - ✓ Equity and social justice.
 - ✓ Holistic approach
 - ✓ 5 As of Alma-Ata Declaration – Accessible, Adequacy, appropriate, affordable, and acceptable.
- **At civic level:**
 - ✓ Right and responsibility of the governed. They must empower themselves to assert and execute these.
 - ✓ People's participation in sociopolitics, policy development, and management.
 - ✓ Demand (Real), solidarity (Organized voice), and assertion.
 - ✓ Local-self Governance.

3. Traditional and ethnomedicine/health:

Our region has a rich tradition and heritage of traditional and ethnomedicine developed and based on the thousand years of empirical experience and test of time. Western countries are engaged in biopiracy to extract, investigate and market new product out of these medicines. We, however, manage to ignore the richness and potentiality of these medicines and health practices. It is the time we give these a due priority. We need to bring these in scientific footing. Any malpractice or misdirected practice in the name of these should be discouraged.

4. Conclusion:

Holistic health depends upon our attitude and commitment. If we are to solve human health problems with a good result then holistic health and holistic management of health care is the

answer. Holistic health is cost-effective and sustainable. It is non-discriminatory. It addresses issues of equity and social justice. It keeps all the viable options open.

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