CHAPTER - 2

RIGHT TO HEALTH IN HISTORICAL PERSPECTIVE

I. INTRODUCTION

From time immemorial man has been interested in trying to control disease. The medicine man, the priest, the herbolist and the magicians, all undertook in various ways to cure man’s disease and/or to bring relief to the sick. In an almost complete absence of scientific medical knowledge, it would not be fair to say that the early practitioners of medicine contributed nothing to the alleviation of man’s suffering from disease. Chinese medicine claims to be the world’s first organized body of medical knowledge dating back to 2700 BC.\(^1\) It is based on two principles – the \textit{yang} and the \textit{yin}. The \textit{yang} is believed to be an active masculine principle and the \textit{yin} a negative feminine principle. The balance of these two opposing forces meant good health. Similarly, Egypt had one of the oldest civilizations about 2000 BC. In the realm of public health, the Egyptians excelled. They built planned cites, public baths and underground drains which even the modern might envy. Health is a common theme in most cultures. In fact, all communities have their concept of health, as part of their culture. India has also one of the most ancient civilizations in recorded history. Thousands of years before the Christian era, there existed a civilization in the Indus Valley, known as the Indus Valley Civilization. It showed relics of planned cities with drainage, houses and public baths built of baked bricks suggesting the practices of environment at sanitation, by an ancient people as far back as 3,000 B.C.\(^2\) India was invaded by the Aryans around 1,400 B.C. It was probably during this period, the \textit{Ayurveda} and the \textit{Siddha} system of medicine came into

\(^1\) K. Park, Park’s Textbook of Preventive and Social Medicine, 1 and 2, (2005).
existence. *Ayurveda* or the science of life developed a comprehensive concept of health.\(^3\) The Manu Samhita prescribed rules and regulations for personal health, dietetics and hygienic ritual at the time of birth and death, and also emphasized the unity of physical, mental and spiritual aspects of Life.\(^4\)

"*Sarve Jana Sukhino Bhavatu*" (May all men be free from disease and may all be healthy) was an ancient saying of the Indian Sages. This concept of happiness has its roots in the ancient Indian philosophy of life, which conceived the oneness and unity of all people wherever they lived. The post-vedic period (600 B.C.-600 A.D.) was dominated by the religious teaching of Buddhism and Jainism.\(^5\) Medical education was introduced in the ancient Universities of Taxila and Nalanda, leading to the titles of *Pranacharya* and *Pranavishara*. A Hospital System was developed for men, women and animals and the system was continued and expanded by King Ashoka.

The next phase in Indian History (650-1850 AD) witnessed the rise and fall of Mughal Empire. The Muslim rulers introduced in India around 1,000 A.D., the Arabic system of medicine popularly known as *Unani* system, the origin of which is traced to Greek medicine.\(^6\) The *Unani* system since then became, part of Indian medicine. With changes in the political conditions in India, the torch which was lighted thousands of years ago by the ancient sages grew dim, medical education and medical services became static, and the ancient Universities and hospitals disappeared. After this by the middle of the 18th century, the British had established their rule in India which lasted till 1947.\(^7\)

---

3. Arjun Dev, Social Science, 4-6, (2005).
4. *Supra* n. 1 at 2.
With the passage of time and development in the field of science and technology, study of health was neglected. But, however, during the past few decades, there has been a reawakening that health is fundamental human right and a worldwide social goal; that it is essential to the satisfaction of basic human needs and to an improved quality of life; and that it is to be attained by all people. 

II. RIGHT TO HEALTH DURING ANCIENT ERA

India had played a distinct role in the history of technology and science. The history of technology and science in India as per the present day archaeological evidence, begins with the Indus Valley Civilization which is often referred to as Harappan culture. Harappa along with Mohenjo-daro being the important cities of archaeological value in the Indus Valley. This period is usually called the pre-vedic period. Harappa had established commercial, as well as cultural link with the neighbouring countries in the Central and West Asian regions.

This civilization flourished in Northern and Western India between 2500 B.C. and 1500 B.C. The evidence from the examination of the skulls discovered at Mohenjo-daro and Harappa show that the inhabitants of that time were of the aboriginal proto-australoid type. There are many representations on the seals from Mohenjo-daro and Harappa of a male God horned and three faced, sitting in the posture of a Yogi, his legs bent double heel to heel and surrounded by animals. This was perhaps, the proto-type of the Siva who is even now treated as the God of Yoga and Medicine.

---

10 Jayanti Sengupta, op.cit., at 27-29.
These excavations at Harappa and Mohenjo-daro bears ample testimony to the proficiency reached by the people of the Indus Valley civilization in matters of sanitation and housing. It appears that both the cities of Harappa and Mohenjo-daro were built after careful planning. Houses were provided with modern amenities like baths, lavatories, drains, fresh-water tanks, courtyards and bedrooms. The main drains could be cleared by lifting a specially made cover prepared of bricks. The whole concept of town-planning shows a remarkable concern for sanitation and public life which was, perhaps, without parallel in those days. All these point out to the high quality of medical science and the concern for the health prevalent at that time in India.11

The medical systems that are truly Indian in origin and development are the Ayurveda and the Siddha systems. Ayurveda’s origin is traced far back to the vedic times, about 5000 B.C. During this period, medical history was associated with mythological figures, sages and seers. Dhanvantari, the Hindu God of medicine is said to have been born as a result of the churning of the oceans during a ‘tug of war’ between gods and demons. According to some authorities, the medical knowledge in the Atharvaveda gradually developed into the science of Ayurveda. In ancient India, the celebrated authorities in Ayurvedic medicine were Atreya, Charaka, Susruta and Veggbhatt. Atreya (about 800 BC) is acknowledged as the first great Indian physician and teacher. He lived in the ancient University of Takshashila, about 20 miles west of modern Rawalpindi.12 Among the many distinguished names in Hindu medicine, that of Susruta, the “father of Indian Surgery” stands out in prominence. He compiled the surgical knowledge of his time in his classic ‘Susruta Samhita’. It is believed that this classic was compiled between 800 BC and 400 AD.

11 K. Park, op. cit., at 2.
The post Vedic period was also dominated by the religious teaching of Buddhism and Jainism. Ayurveda witnessed tremendous growth and development during the Buddhist time. King Ashoka and the other Buddhist Kings patronized Ayurveda as a state medicine and established schools of medicine and public hospitals. Of significance in Ayurveda is the "tridosha theory of disease". The doshas or humors are: Vata (wind), Pitta (gall) and Kapha (Mucus). Disease was explained as a disturbance in the equilibrium of the three humors; when these were in perfect balance and harmony, a person is said to be healthy. Hygiene was given an important place in ancient Indian medicine. The laws of Manu were a code of personal hygiene. Medical historians admit that Indian medicine has played in Asia the same role as the Greek medicine in the west.

The broad objectives of medical education were well defined during this period. Although treatment of the sick was considered important and primary, due emphasis was also placed on preventive and promotive aspects of health care. Medicine was divided into two broad categories – one was for the promotion of vigour in the healthy and other for the destruction of disease in the ailing, as quoted in the Charaka Samhita. In the ancient scriptures surgery also formed part of the practice medicine. The practical skill for this used to be imparted through well-planned practical exercises mentioned in the writings of Sushruta.

After the final qualifying examination, the students were granted licence to practice by the King. Sushruta (Sutra 10.10) tells us that requisite qualifications of the physician were "Having studied, the science, having fully grasped the meaning, having acquired practical
skills, and having performed the operations on dummies, with ability to teach the science and with the King's permission, a physician should enter his profession".\textsuperscript{17}

Thus, it is only a Ayurveda originated in India long back in pre-vedic period which deals with measure for healthful living and principles for maintenance of health, it has also developed a wide range of the therapeutic measures to combat illness. These principles of positive health and therapeutic measures relate to physical, mental, social and spiritual welfare of human beings.\textsuperscript{18}

III. RIGHT TO HEALTH DURING MEDIEVAL ERA

In medieval era, the Muslim rulers introduced the Arabic system of medicine, popularly known as Unani system, the origin of which is raced to Greek medicine. With changes in the political conditions in India, the torch which was lighted thousands of years ago by the ancient sages grew dim, medical education and medical services became static, and the ancient Universities and hospitals disappeared.\textsuperscript{19} During the Mughal period, Ayurveda declined due to lack of state support.

It was a period of compilation than of original contribution. Many works were destroyed during this period, either by invaders or also by quarrelling Hindu and Buddhist parties, who obviously had lost the true understanding of their faith. In many ways, this was a decadent period of Indian History, the consequences of which are still felt even today.\textsuperscript{20} To reiterate, the Unani Tibb System of medicine, whose origin is traced

\textsuperscript{17} Michael Dick, The Ancient Ayurvedic Writings, available on site http://www.lactinder.com/sushruta.html.

\textsuperscript{18} Department of Ayurveda, Yoga & Naturopathy, Unani, Sidha and Homeopathy, http://indianmedicine.nic.in/html/ismh/annual/annual.htm.

\textsuperscript{19} K. Park, \textit{op. cit.}, at 679.

to the ancient Greek medicine, was introduced into India by the Muslim rulers about the 10th century A.D. By the 13th century, the Unani system of medicine was firmly entrenched in certain towns and cities notably Delhi, Aigara, Lucknow and Hyderabad. It enjoyed State support under successive Muslim rulers in India, till the advent of the British in the 18th century.

During this period, there was no specific codes for medical treatment of physical illness in the Quran. Muslims have historically sought the Quran as a healing source in times of psychological and spiritual distress. When experiencing physical illness, Muslims have also been open to the rituals and medicinal practices of different traditions. The following sayings of the Prophet are used to encourage patients to seek proper treatment in times of illness that “There is no disease that Allah has created except that he also has created its remedy.” “Taking proper care of one’s health is the right of the body”. “The Prophet not only instructed sick people to take medicine, he himself invited expert physicians for this purpose”.

So in contrast to modern western civilization, the Islamic traditions does not separate science from religion. They thought that traditions of the prophet Muhammad are saturated with reference to learning, education observation and the use of reason in all realms of life-medicine and the health care included. Islam teaches individuals and societies how to live a physically, mentally legal system derived from the Quran and Sunnah (tradition of the Prophet) aims at creating a healthy environment that will have a positive effect on an individual’s physical, mental and spiritual development. At a physical level, the Quran and Sunnah encourage healthy eating, at the same time forbid

22 Volume 7, Book 71. Number 58.
23 Bukhari as – Sawm.55, an-Nikah 89, Muslim as – Siyyam 183, 193, Nisai.
24 Do. II. p.50, As-Suyuti Medicine of the Prophet, p.125.
all substances that cause bodily harm; intoxicants, drugs and so forth. Fruits and vegetables, dates, yogurt, camel milk, natural honey, black seeds and the like are especially emphasized for their matritious quality and health benefits. The Quran also addresses various diseases, especially of the heart, which often lead to direct and indirect physical and mental ailments. It mentions blindness, deafness, lameness and leprosy as well as mental disorders including psychoses and neurotic diseases, such as sadness and anxiety. But its primary focus is on moral and ethical diseases. The Quran itself is referred to as book of healing. Thus, during pre-modern era, Islamic medical and other sciences leaned heavily upon local medical practices, as well as on works translated from Greek. These influences resulted in the further advancement of medical sciences, especially in the 11th and 12th century.

IV. RIGHT TO HEALTH DURING BRITISH PERIOD

By the middle of 18th century, the British had established their rule in India which lasted till 1947. The credit for introducing modern medicines goes to Britishers in this country. At first, the aim was largely to train apprentices to help the army medical personnel, the qualifications required of such trainees being of an elementary nature. In the year 1825, the Quarantine Act was promulgated and in 1859, a Royal Commission was appointed to investigate the causes of the extremely unsatisfactory condition of health in British Army stationed in India. The Commission recommended the establishment of a ‘Commission of Public Health’ in each Presidency and pointed out the need for the protection of water supplies, construction of drains and

---

prevention of epidemics in the civil population for safeguarding the health of the British Army. In 1864, sanitary Commissioners were appointed in the three major provinces, viz., Bombay, Madras and Bengal. The Civil Surgeons/District Medical Officers became *ex-officio* District Health Officers. Further, Public Health Commissioner and a Statistical Officer were appointed with the Government of India in 1869. After that a plethora of legislations, namely, Birth and Registration Act, 1883; the Vaccination Act, 1880; Indian Factories Act, 1881; the Local Self-Government Act, 1885; the Epidemic Diseases Act, 1897; the Madras Public Health Act, 1939; the Drugs Act, 1940 etc. were enacted by the Britishers to improve the health conditions of the citizens.

It is also crystal clear that the Government of India in 1858 directed that sanitation should be looked after by the local bodies, but no local public health staff was created to look after sanitation. It is in the year 1912 that the Government of India decided to help the local bodies with grants, and also sanctioned the appointment of Deputy Sanitary Commissioners and Health Officers. In the Motague-Chelmsford Constitutional Reforms led to the transfer of public health, sanitation and vital statistics to the provinces under the control of an elected minister. This was the first step towards elected minister. This was the first step towards decentralization of health administration in India.

The Government of India in 1943 appointed the Health Survey and Development Committee under the Chairmanship of Sir Joseph Bhore to survey the existing position in regard to health conditions and health organization in the country, and to make recommendations for the future development. The committee laid emphasis on integration of curative and preventive medicine at all levels. It also suggested short term measure, that is, one primary health centre for a population of
40,000. Each Primary Health Centre was to be manned by two doctors, one nurse, four public health nurses, four midwives, four trained dais, two sanitary inspectors, two health assistants, one pharmacist and fifteen class IV employees. On the other hand, it suggested long term programme of setting up primary health units with 75 bedded hospitals for each 10,000 to 20,000 population and secondary units with 650 bedded hospital, again regionalized around district hospitals with 2500 beds.

Besides this, in the middle of nineteenth century, three Universities, namely, Calcutta, Bombay and Madras were established in order to provide better health facilities to the subjects. In 1914, the Madras Medical College started training to First Class Health Officers. The medical education in this country continued to be guided for a long time by British pattern of medical education as laid down by the General Medical Council of Great Britain. It took one hundred years to establish 27 medical colleges which we inherited at the time of Independence in 1947.

V. RIGHT TO HEALTH IN POST-INDEPENDENCE ERA

India became independent in 1947. For the first time in India’s long history, a democratic regime was set up with its economy geared to a new concept, the establishment of a “Welfare State”. The burden of improving the health of the people, and widening scope of health measures fell upon the national government. The Bhore Committee’s report and recommendations became the basis for most of the planning and measures adopted by the national government. In 1947, Ministers of Health were established at the Centre and States and in 1948 India joined the World Health Organization as a member state. In 1949, the

---

27 For more details see, Bhore Committee, 1946.
Constituent Assembly adopted the Constitution of India. Article 246 of the Constitution of India covers all the health subjects; these have been enumerated in the Seventh Schedule under three lists – Union List, Concurrent List and State List. Article 47 of the Constitution under the Directive Principles of State Policy states; “that the State; shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties.”

Truly admitting that the public health during the 19th century was largely a matter of sanitary legislation and sanitary reforms aimed at the control of man's physical environment, e.g., water supply, sewage disposal, etc. clearly these measures were not aimed at the control of any specific disease, for want of the needed technical knowledge. However, these measures vastly improved the health of the people due to disease and death control.

At the beginning of the 20th century, a new concept, the concept of “Health Promotion” began to take shape. It was realized that public health had neglected the citizen as an individual, and that the State had a direct responsibility for the health of the individual. Consequently, in addition to disease control activities, one more goal was added to public health, that is, health promotion of individuals. It was initiated as personal health service; such as mother and child health services, school health services, industrial health services, mental health and rehabilitation services. Public health nursing was a direct off shoot of this concept. Public health departments began expanding their programmes towards health promotional activities. (C.E.A.) Winslow, one of the leading figures in the history of public health, in 1920, defined public health as “the science and art of

\[\text{K. Park, op.cit., at 7.}\]
preventing disease, prolonging life and promoting health and efficiency through organized community effort”. This definition summarizes the philosophy of public health, which remains largely true even today.29

Since the state had assumed direct responsibility for the health of the individual, two great movements were initiated for human development during the first half of the previous century, namely (A) provision of “basic health services” through the medium of primary health centres and sub-centres for rural and urban areas. The evolution of health centres were an important development in the history of public health.30 In 1981, the League of Nations Health Organization called for the establishment of health centres. The Bhore Committee (1946) in India had also recommended the establishment of health centres for providing integrated curative and preventive services. Many developing countries have given the highest priority to the establishment of health centres for providing basic health services.31

(B) The second great movement was the Community Development Programme to promote village development through the active participation of the whole community and on the initiative of the community. This programme tried to do too much too quickly with inadequate resources. It was a great opportunity lost, because it failed to survive. However, the establishment of primary health centres and sub-centres provided the much-needed infrastructure of health services, especially in the rural areas.32

29 Ibid
30 M.I. Roemer, Public Health Papers, (1972), No. 48, Geneva, WHO.
With the advances in preventive medicine and practice of public health, the pattern of disease began to change in the developed world. Many of the acute illness problems have been brought under control. However, as old problems were solved, new health problems in the form of chronic diseases began to emerge, e.g. cancer, diabetes, cardiovascular diseases, alcoholism and drug addiction, etc. especially in the affluent societies. These problems could not be tackled by the traditional approaches to public health such as isolation, immunization and disinfection nor could these be explained on the basis of the goom theory of disease. A new concept, the concept of "risk factors" as determinants of these diseases, into existence. The consequences of these diseases, unlike the swift death brought by the acute infectious diseases, was to place a chronic burden on the society that created them. These problems brought new challenges to public health which needed reorientation more towards social objectives.

Social and behavioural aspects of disease and behavioural problems. In this process, the goals of public health and preventive medicine which had already considerable overlapping became identical, namely prevention of disease, promotion of health and prolongation of life. In short, although the term "public health" is still used, its original meaning has changed. In view of its changed meaning and scope, the term "Community Health" has been preferred by some leaders in public health. Community health incorporates services to the population at large as opposed to preventive or social medicine.

In 1950, the Planning Commission of India was set up by the Government of India, which set to work immediately for drafting the

---

33 K. Park, op.cit., at 8.
35 K. Park, op.cit., at 8.
First Five Year Plan. In the first five year plan with a total outlay of Rs.2356 crores, a sum of Rs. 140 crores (5.9 percent) was allotted for health programmes. In the year 1954, a number of Health Schemes and programmes were started, namely, Contributory Health Service Scheme; National, Water Supply and Sanitation Programme; the National Leprosy Control Programme etc. Similarly, the Second Five Year Plan (1956-61) was launched with an outlay of Rs. 4800 crores, out of which Rs. 225 crores (5.0 percent) were earmarked for health programmes.

In 1959, Mudaliar Committee was appointed by the Government of India to survey the progress made in the field of health since submission of the Bhore Committee's Report, and to make recommendations for future development and expansion of health services. The Committee submitted its report in 1962. This committee found the conditions of Primary Health Centres to unsatisfactory and suggested that the Primary Health Centres, already established should be strengthened before new ones are opened. In 1960, the School Health Committee was constituted to assess the present standards of health and nutrition of school children and suggest ways and means to improve them.

The Third Five Year Plan (1961-66) was launched with an outlay of Rs. 7500 crores out of which 342 crores (4.3 percent) were provided for health programmes. During this plan, three committees were constituted, viz. Shantilal Shah Committee, 1964; Chadha Committee, 1963; and Mukherjee Committee, 1966. Chadha Committee suggested that the vigilance activity in National Malaria Eradication Programme should be carried out by basic health workers (one per 10,000 population), who would function as multipurpose workers.
The Shatilal Shah Committee was set up with a view to study the question for legalising abortions. The Mukherjee Committee worked out the details of Basic Health Services which should be provided at the block level, and some consequential strengthening required at higher levels of administration. Another Committee, known as the "Committee on Integration of Health Services" was set up in 1964 under the Chairmanship of Dr. N. Jungalwala. The Committee was asked to look into various problems related to integration of health services in the country. The Modhok Committee, 1967 was constituted to review the working of the National Malaria Eradication Programme and recommended measures for improvement.

In 1969, the Fourth Five Year Plan (1969-74) was launched with an outlay of Rs. 16,774 crores, out of which Rs. 840 crores were allocated to health and Rs. 315 crores to family planning. During this plan, three legislations, namely, the Central Births and Death Registration Act, 1969; The Drugs (Price Control) Order, 1970; and the Medical Termination of Pregnancy Act, 1972 were promulgated. In 1973, the Kartar Singh Committee submitted its report recommending the formation of a new cadre of health workers designated "Multi-purpose Health Workers" for the delivery of health, family planning and nutrition services to the rural communities, who will replace in course of time the basic health workers, family planning, health assistants, auxiliary-nurse-mid-wives etc.

The National Programme of Minimum needs was incorporated in the Fifth Five Year Plan. A provision of Rs. 2803 crores was made for this programme which covered elementary education, rural health, nutrition, rural roads and water supply, housing, slum improvement and rural electrification. The Fifth Five Year was launched on April 1974 with a total outlay of Rs. 53,411 crores of which Rs. 37,250 crores were in the public sector and Rs. 16,161 crores in the private sector. A
sum of Rs. 796 crores were allotted to health and Rs. 516 crores to family planning. Shrivastava Committee set up in 1974 to reorient medical education with national needs and priorities. The committee submitted its report in 1975. The acceptance of the recommendations of the Shrivastava Committee in 1977 led to launching of the Rural Health Service.

In 1980, the Sixth Five Year Plan (1980-1985) was launched and in 1982 the Government of India announced the National Health Policy. National Leprosy Control Programme to be called National Leprosy Eradication Programme. Guinea-worm eradication programmes was launched.

The Seventh Five Year Plans (1985-1990) was launched in 1985. Under this plan, Universal Immunization Programme, National Diabetes Control Programme and National AIDS Programme were initiated. An “Expert Committee for Health Manpower Planning, Production and Management” was constituted in 1985 under Dr. J.S. Bajaj, the then Professor at AIIMS. The major recommendations are:

(i) Formulation of National Medical and Health Education Policy.

(ii) Formulation of National Health Manpower Policy.

(iii) Establishment of an Educational Commission for Health Sciences (ECHS) on the lines of UGC.

(iv) Establishment of Health Science Universities in various states and Union Territories.
(v) Establishment of Health Manpower Cells at Centre and in the States.

(vi) Vocationalization of Education at 10+2 levels as regards health related fields with appropriate incentives, so that good quality paramedical personnel may be available in adequate numbers.

(vii) Carrying out a realistic health manpower survey.


In 1997, Ninth Five Year Plan was launched. During 1998-99, National Family Health Survey-2 undertaken covering 90,000 women aged 15-49 years and Phase II of National AIDS Control Programme became effective. In 2000, the Government of India declared guinea worm free country and National Health Policy 2002 was announced. Further, the Government announced National AIDS Prevention and Control Policy 2002. The Tenth Five Year Plan was launched in 2003.
Overall, the health sector budget has been increased marginally from Rs. 19,534 crore in 2009 fiscal to Rs. 22,300 crore this time – a raise of 14.15 percent. The National Rural Health Mission has managed Rs. 13,910 crore, up from Rs. 12,529 crore last time. This little budgetary raise the health ministry has been for the construction of six new AIIMS – like institutes and the upgradation of 13 existing government medical colleges.

The Government of India is already aware of the positive role and contribution of the indigenous systems of medicine in providing health care to Indian masses. The Government had created necessary infrastructure in the Central Ministry of Health for the promotion of Indian System of Medicine. From the very beginning, it had established the colleges, hospitals and dispensaries under the various system of medicine and had granted them a status equal to that of modern medicine by treating all practitioners of various systems on an equal footing in terms of employment, pay structure etc. The Government of India has also set up a separate Council known as the Council for Indian Medicine to look after and regulate the indigenous medical education standards in the country. A separate Council on the pattern of ICMR, (Indian Council of Medical Research) the Council for Research in Indian Medicine is Homeopathy has also been established to develop and promote basic and applied research in different systems of Indian medicine.

---

36 *The Tribune*, February 27, 2010, pp. 1 and 9.
Naturopathy, Homeopathy and yoga today is a rapidly growing system and is being practiced almost all over the world. Naturopathy nature care is a way of life of which we find a number of references in the Vedas and our ancient texts. It is a system of healing science stimulating the body's inherent power to regain health with the help of five great elements of nature – Earth, Water, Air, Fire, Ether or Space. Naturopathy is a call to "Return to Nature" and to resort to simple way of living in harmony with self, society and environment. This nature care deals with the drugless therapies like massage, electrotherapy, physiotherapy, acupuncture and acupressure, magneto therapy etc.\footnote{http://indianmedicine.nic.in/html/nature/nature.htm. (access on )}

Homeopathy in India has become a household name due to belief in the safety of its pills and gentleness of its cure. A rough study indicates that about 10 percent of the Indian population solely depend on homeopathy for their health care needs. It is more than a century and a half now that homeopathy is being practiced in India. It has blended so well into the roots and traditions of the country that it has been recognized as one of the national system of medicine and plays an important role in providing health care to large number of people.\footnote{http://indianmedicine.nic.in/htm/homeopathy/homoe.htm. (accessed on )}

The tradition of yoga was born in India several thousand years ago. Its founders were great saints and sages. The great yogis gave rational interpretation of their experiences about yoga and brought a practically sound and scientifically prepared

\footnote{http://indianmedicine.nic.in/html/nature/nature.htm. (access on )}

\footnote{http://indianmedicine.nic.in/htm/homeopathy/homoe.htm. (accessed on )}
method within every one's reach. Yoga was systematized by the great Indian sage 'Patanjali' in the Yoga Sutra as a special Darshana. Yoga is a science as well as art of healthy living physically, mentally, morally and spiritually. All the systems of medicine at their best aim at curing the disease, whereas yoga aims at preventing the disease and promoting health by reconditioning the psycho-physiological mechanism of the individual. The approach of yoga is not confirmed to various disorders. It aims at bringing under perfect control of the mind senses and pranic energy and direct them towards healthier channels with a view to acquire mental purity, intellectual stability and spiritual bliss.

Unlike earlier, Yoga today is no longer restricted to privileged minority of hermits; it has taken its place in our everyday lives and have undergone a world wide awakening and acceptance in the last few decades. The science of yoga and its techniques have now been re-oriented to suit modern sociological needs and life style. Experts of various branches of medicine including modern medical science are realizing the role of these techniques in the prevention of disease and promotion of health.

http://indianmedicine.nic.in/htm/voga/voga.htm (accessed on )

Ibid. Maharashi Patanjali called s the 'Father of Yoga' advocated the eight fold path of yoga, popularly known as "Ashtanga Yoga", for all round development of human personality. The practice of Yamas-Niyamas is harmlessness towards all living beings, truthfulness, honesty, celibacy, on hoarding of worldly objects, cleanliness, contentment, austerity, control of lust anger and infatuation, study of holy books and practice of japa and selfless action – all these pave way for increasing the power of concentration, mental purity and steadiness. Karma yoga, the path of work, involves doing action in a skillful way. It can be said as a way of enjoying work, doing it effortlessly.

Today Swami Ramdev hs worldwide immensely contributed in spreading awareness about health benefits through yoga.
VI. SUM UP

The foregoing study clearly reveals that during early period, Ayurveda was perhaps the only system of overall health care and medicine which served well the people in such crucial areas as health, sickness, life and death. It also enjoyed the support of the people. Then followed a long period of medieval history marked by unsettled political conditions and several invasions from outside the country and soon health system faced utter neglect.44

With the awakening of nationalism and movement for freedom the Indian culture values and way of life (including health care and sickness cure system) suffered again. After, the country became free in 1947, the movement for revival gained additional momentum. The first Health Ministers Conference resolved that health care system to the people should be developed. In due course of time this system got official recognition and became a part of the National Health Network of the country.45

Now, India has moved forward in advocating global usefulness of Ayurveda contemporary scenario of health care through global networks. As a result many foreign countries have begun looking to India for understanding Ayurveda and incorporating it through education, research and practice to meet the overwhelming desire of consumers to access complementary and alternative medicine. Indian Missions in USA, UK, Russia,

45 Ibid.

202837
Germany, Hungary, South Africa have played an effective role in channeling the information of Ayurveda and opening up new opportunities for the spread of Indian Medicine into foreign institutions and the general public awareness building about Ayurveda in the foreign countries has been identified as an important thrust area.

*****