

## **An Alternative Approach – comments on Short Report on Health Sangam 2018**

Firstly, I would like to flag the issue that I have found choice of 'pathy' is Important, and to be made depending on the specific stage of the disease and also upon the general health condition of the patient. Say, at an early stage, when there is just an onset of symptoms and the patient is otherwise strong (i.e. has good general immunity) it may be worth choosing Mild medicines like some crude Herbal Extracts or mixtures of such extracts, such as Kadha of medicinal herbs using specific parts e.g. leaves or roots, etc. However, when there is heavy infection load and the patient is very pale or fragile, it may be Crucial to go for Modern medicines in well-regulated dose schedules designed to show expected effect fast but the adverse side effects are minimized. These doses may be monitored and tapered successfully if discussed with the Patient or closest relative and well, explained to the family for Optimum compliance. On the other hand for Chronic ailments, once under control using Modern (allopathic) medicines, one may shift to some other pathies like Homeopathy or Ayurvedic with little side effects (e.g. Some skin conditions like eczema).

Secondly, for patients from remote villages with limited or No prior exposure to Modern medicines, the antibiotics commonly used in cities may show strong side effects when used for the first time and it may be necessary to Choose milder Antibiotics and also give support to suppress the unpleasant side effects. These are the issues we experience with Less-experienced Young Doctors joining in Tribal areas as first assignment of their career and wanting to give Best and expensive medicines which they ask the patient to purchase from the market. As the patient's family is unable to afford them they take the patient home without any treatment. With the communication gap as well as Power hierarchy the patient is unable to share his difficulty with the Doctor and to get simpler alternatives from the Government Health center. As a Jan Arogya Abhiyan representative, with my Bio-medical background, I have tried to explain such situations to the New Medical Officers who were unaware of the local Socio-economic situation as well as lacked exposure of the tribal people to even first generation antibiotics (and therefore were unnecessarily prescribing stronger doses) which for the Anemic Tribal woman creates problems like Stomach upset, etc. The VIKALP does not have to be another or Traditional pathy but may even be a Vikalpa of approach of the Doctor to the patient as a Person with specific and varied Socio-Cultural background that also varies with Geographical and economic conditions of the community and their Lifestyles.

I am not sure if others would agree with me about VIKALP OF APPROACH TO BE CONSIDERED A VIKALPA BUT I AM JUST SHARING WITH YOU THE KEY CHALLENGES WE EXPERIENCE IN THE FIELD, WITH THE HOPE TO EVOLVE SOME VIKALP OF THE WAY OUR DOCTORS GET TRAINED TO LOOK DOWN AT PATIENT AS STUPID, IGNORANT AND DO NOT UNDERSTAND THAT POOR ILL PEOPLE ARE THE VICTIMS OF OUR SOCIO-ECONOMIC AND POLITICAL STRUCTURES.