

Health Economics in Homoeopathy

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Abstract

Review Article

The concept economics is in the domain of social science. In the public health lens, both the terms merge as public health & community medicine also fall in the domain of social science. Hence, the concept of health economics in health care services started in the last century. The basic premise on which it is built is that 'if healthy members of a nation are replaced by sick members, the economy of the nation will be doubly burdened. The impact will be felt in loss of productivity as there is loss of active labor force in the nation. Every nation wants to build a good & effective health system. Here, the primary focus is given to therapeutics as therapeutic technology keeps advancing, the cost of the curative treatment shoots up. Thus, the application of economics in health activities started & with wider application, gradually the 'Health Economics' (HE) concept emerged as a subject [3, 4]. Basically, He is concerned with a binary approach. The first is to ensure optimum use of scarce resources for the care of the sick members. The second approach focuses on the promotion of health of the people of the nation. With this background, the concept of health economics is applied in Homoeopathy in the current article. The advantage of Homoeopathy is that as a therapeutic system, it is cost effective & also promotes health. Thus, it fulfills both the criteria mentioned above as the intended outcome of the concept of HE [3, 4]. The article traces the history of health economics at global & country level reaching to the current situation. At the global level, it started with valuing human life where as in India it started with malaria studies. As a therapeutic system, it is cross cutting across so many ailments while being cost effective and therapeutically effective. Using the platform of health economics, homoeopathy can have a strong base in the days to come [2].

Keywords: health economics, therapeutic technology, Homoeopathy.

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INTRODUCTION

The very first section of the article deals with the historical concept of health economics in India. In India, the early studies were carried by Colonel J A Sinton who provided records of the malaria survey of India in 1935-36 & studied on what malaria costs India nationally, socially & economically. Colonel Sinton makes out of his bill of charges in four heads. The first head was on 'the effect of malaria upon the natural increase of population'. The second was 'its effect on health & vitality of the people'. The third head was its 'effect upon the economic, agricultural & industrial development of the country'. The fourth & the last are on its 'effect upon the social, intellectual & political progress of the nation [1, 2].

At the global level, William Petty FRS (1623-1687) is known as the initiator of the concept of health economics. His work is noted by modern health economists for his approach to valuing human life based on a person's contribution to national production [1, 2].

The development of health economics as a discipline is usually credited to Nobel Laureate Ken Arrow whose seminal paper ushered in a more systematic approach to applying economics to the health sector as a whole- how it is financed, how services are & should be provided & by whom & the role of government [2].

Concept of Demand & Supply of Health Care Services

The very first concept is regarding service availability that means 'having accesses to health care. The next is on levels of utilization & barriers to utilization that means 'getting accesses'. The structures of the health system addresses the 'supply side' where as 'demand side' is completely individual specific. The effectiveness of health care supply is determined in terms of how well it aligns with 'need'. Effective policy making addresses need, demand, supply & access to care & their inter relationships [5]. The definition of 'need' is the capacity to benefit from health care. Need is for appropriate health care. Need is also for the right care provided in the right place & at the right time.

The definition of 'demand' for health care is the level of use at which the perceived marginal health benefits of care equal the marginal cost of accessing care [5]. Health care means treatment, prevention & supportive care that is effective either alone or as part of a care pathway in improving, maintaining or slowing the deterioration of health now or in the future or both. Need is for appropriate health care, this excludes care that is known to be cost ineffective & includes cost effective care. For care of unknown cost effectiveness, need is for the right care provided at the right place & at the right time [5].

Below the equal point, benefits outweigh costs & individuals will continue to consume health care. The demand for health care depends on the patient's & health care professionals & perspectives of perceived benefits & costs. Benefits & costs are a function of factors such as health status, distance from providers, demographic characteristics, health literacy etc [5]. As an example, perceived & actual health gains from care will vary with age, education, income, costs will depend on prices like co-payments for prescriptions, waiting time, time & travel costs for access [5]. Supply for health care includes curative & preventive services & treatments provided by the health care system & excludes informal care & social care [5].

Health Economics in Low & Middle Income Countries

The HE literature on Low & Middle Income Countries (LMIC) began to grow in the 1970s & has expanded since then in both depth & breadth. It is categorized into four areas. The first is Cost Benefit Analysis, the second is Cost Effective Analysis, the third is financing health care & the fourth is provision of health care & systems analysis. The prime drivers for the expansion of health economics in LMIC were users of health economics analysis at global level. These were the agencies such as the World Health Organization (WHO) & the multilateral, bilateral aid agencies. Thus the health economics has a close link to policy trends in these agencies. This unlike the west where institutions like universities led the development of health economics [2].

Homoeopathy through HE Lens

The first criterion is the accessibility regarding provision of health care services. Homoeopathy has its accessibility through its network of public & private health service infrastructure & personnel. The second is the concept of 'need' which was clearly demonstrated during the COVID 19 pandemic. The 'supply' side is substantiated by the fact that more than 10% of the population in India currently uses the homoeopathic system of medicine. As mentioned above, need is only applied for cost effective treatment. Here homoeopathy comes out with flying colors as it is cost effective, therapeutically effective & has no side effects. Thus, it meets the triad of National List of Essential Medicines (NLEM). Any medicine in the list of complies with the principle of health economics [5- 13]. The concept of 'demand' happens when the perceived benefit equals the marginal cost of accessing care. Being a therapeutic system that is effective in mental & physical issues, it has created its own space. The physical ones include viral, immunological, chronic bacterial, chronic fungal & chronic parasitical infections. The public uses homoeopathy as an act of medical pluralism for these issues. Hence, there is demand as the benefits equal the cost of care. Here, the cost of care is marginal as explained above [5- 10].

It is the medicine of future as it will be effective in geriatrics. The geriatric population will grow to more than 10% by 2050 in the country & it is here that the health economy of homoeopathy will come handy. It has already established its credential in Maternal & Child Health. With the effectiveness in geriatrics, the therapeutic system will demonstrate its effectiveness on both the extremes of the demography of the population [8- 14].

Health economics is feasible only if there is Universal Health Coverage (UHC) & one article in the Lancet discusses the integration of AYUSH system to achieve UHC at a low cost. Here again, homoeopathy fits into the bill. One of the principles of the National Health Mission (NHM) is to achieve UHC [8- 11].

CONCLUSION

With the setting up integrative medicine institute under AYUSH ministry, the National Commission for Homoeopathy (NCH) should apply the concept of health economics in homoeopathy so that the Bharat benefits from this approach at large. The approach will definitely increase the number of healthy members of Bharat as well as promote the health of the Bharatians [15].

Declaration of the Lead Author

Prof. Shankar Das was the Ph.D. guide of the lead author at Tata Institute of Social Sciences, Mumbai during 2011-18. Prof. D.P. Singh was the teacher of the lead author at Tata Institute of Social Sciences, Mumbai during 1995-97. The lead author also certifies that he has expressed his personal opinion based upon his public health and clinical experiences. The thoughts suggested are only inferential in nature.

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