

To Analyze the Co-Relationship Between Sickness Vs Healthcare – Analysis

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ABSTRACT

This paper explores the historical and generational interplay between healthcare and sickness, tracing their coevolution from ancient traditional knowledge to the modern biomedical era. By synthesizing major developments in medical philosophy, institutional care, and disease patterns, the study reveals how generational knowledge transmission has shaped societal responses to illness. The analysis demonstrates that the tension between sickness and care serves as a vital engine of human progress, influencing ethics, technology, and public policy across centuries.

The present curriculum of medicine has to be redesigned to give priority to modernization of healthcare systems so as to prevent the people falling sick. The aspiring medicos should be taught about systems signs that addresses psychological, social and economic determinants of disease. The courses in medical education should take the approach of a patient centered, whole-person approach focused on long term functional status so that, will help to face the current fragmentation of care and allow for standardization of prevention strategies.

It is obligatory on the part of the respective government to introduce in their educational system curricula, psychological, social and economic determinants of a disease. The medical education should emphasize homeostasis and health rather than only disease and diagnosis and provide training in the science and practice of cost effective health programs/procedures. The healthcare mission/program of any country should be in the form of preventive care and not sick care. The 'You-break' and 'I-fix' reactive care model has become outdated and one's aim needs to be centered about prevention. Stopping or improving a current illness is imperative and achieved through closing the care gaps that are identified. It is mandatory of any nation to introduce specially designed healthcare programs to reduce the disease burden and improve the health of the population and make available to every citizen of their country access to healthcare. Such programs should be so designed that healthcare system should be focused on reversing or modifying disease/ailment not enhancing health. The complexity of health and disease requires a team accountable for the health of our population and these teams must be expanded beyond the healthcare professionals and include government officials, philanthropic institutions, charitable trusts, healthcare workers as stake holders for the education of population about healthcare and sickcare.

Keywords: Healthcare, Sickcare, Disease Prevention, Traditional Indian Medicine, Ayurveda, Generational transmission, Preventive care, Proactive health initiatives.

Aim And Objective:

Aim: The aim of the article is to analyze the co-relationship between sickness vs healthcare

Objective: The objective of the article is to analyze the co-relationship between sickness and healthcare, comparing with Ancient and modern systems of healthcare and sickcare.

INTRODUCTION

In Ancient India, Healthcare has taken a predominant role because they believe that a healthy nation will prosper in all aspects. Regarding the Healthcare and Sick care there is a vast difference.

“Healthcare is the improvement or maintenance of health via the prevention, diagnosis, treatment and amelioration or cure of disease, illness, injury and other physical and mental impairments in people.” On other hand sickness means, “Sickness is the state of being unwell or poor health or a disease or malady”.

From the Ancient Period to Modern times, healthcare is considered to be very different and there is lot of medicines have been available in the market and there is a lot of increase of Healthcare Facilities and Healthcare Professionals and Paramedics identifying and emphasizing natural approaches to healing and recognizing the importance of environmental and social factors in maintaining good health. Healthcare is the key term used to define the medical care and services used to treat individuals in a community, (for example, the “healthcare system”) the one-word term is often misinterpreted as health care (two words), which describes the measures taken to focus on, protect, or improve an individual’s overall health. As such, they can be considered singular (health care) and plural (healthcare). Sometimes, “healthcare” or “health care” are used in place of the term “sick care” or “sickcare,” which is more accurate depending on the context. *Traditional* healthcare systems focuses on treating a person only after they have become sick or injured. True healthcare is wellness that prevents from needing sickcare. While sickness is the state of being unwell or poor health or a disease or malady. However interdependent nature of healthcare and sickness lies at the heart of human survival. Sickness has consistently driven innovation in healing practices, while healthcare systems have, in turn, redefined humanity’s relationship with disease. Ancient Indian health system includes practice of yoga for maintaining balance of physical and spiritual energy/health, shastrakarma dealing with surgery and ayurveda. The ayurvedic treatments were having many valuable medicinal plants. Sushruta Samhita (6th century BC) describes 700 medicinal plants. Actually our past and present medicinal system is connected in some way like the ayurvedic plants which were the treatment source are now undergoing the research for exploring their utility. The present system is categorized on the basis of different systems of body like respiratory, digestive, reproductive, genetics etc. These were worked under category of root cause of disease of different system under the imbalance of three doshas-bile, phlegm and wind. The genetic concept of Charaka Samhita and theory about blindness arising due to the defect in the ovum and the sperm is surprising here. Although deep insight shows connectivity of ancient and present era medicinal system yet the form and execution techniques and practice of medicines have been changed to a great extent. From the rituals of early societies to the latest therapies of today, the desire to understand and mitigate illness reflects both biological necessity and cultural identity and the researches done on gene therapy which is innovative and to medicine that uses genetic material to prevent, treat and potentially even cure disease. In gene therapy, genetic material is delivered to your cells and changes how your cells produce proteins that help the body to work. This paper investigates how generational transmission of health knowledge has shaped medical evolution, illustrating a continuous cycle of adaptation and innovation.

After India gained independence in 1947, the healthcare system became a national priority. The government established the Ministry of Health and Family Welfare and initiated policies to expand healthcare infrastructure, focusing on disease eradication and improving public health. India saw the establishment of several public health programs aimed at controlling communicable diseases like tuberculosis, malaria, and polio.

The Indian government also supported the integration of traditional medicine with modern practices. In 1970, the government established the Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy (AYUSH) to promote and regulate traditional medical systems alongside modern healthcare.

The above statement clearly shows that the Ancient Indians have given much prominence even before the Vedic Period that has been followed centuries but unfortunately that knowledge has been dwindled at one point or other.

In a recent virtual even in Tamilnadu, Sri. Narendra Modiji, our beloved Prime Minister has said, “the Covid19 Pandemic had reiterated the importance of the Medical Sector”. The Prime Minister also mentioned that,

“The once in a lifetime Covid-19 Pandemic has re-affirmed the importance of the health sector the future will belong to societies which invest in healthcare. Learning from the Pandemic, we keeping working to ensure inclusive and quality healthcare services to all our country men”.

In contrast, early Mesopotamian society employed both priestly intervention and empirical observations of symptoms, while ancient Indian and Chinese medical traditions formalized health theories around universal harmony—doshas in Ayurveda and in Traditional Chinese Medicine (Leslie, 1976). Through generational instruction, these models preserved a holistic understanding where physical, moral, and spiritual health were inseparable.

Since its inception, Ayurvedic practices have evolved, influenced by cultural exchanges, invasions, and the globalization of knowledge. The Charaka Samhita has remained a vital reference, guiding practitioners and scholars in the understanding of health and disease.

LITERATURE REVIEW:

In Healthcare according to Wikipedia,

“While the definitions of the various types of health care vary based on the different cultural, political, organizational, and disciplinary perspectives, there is general consensus that primary care constitutes the first element of a continuous healthcare process and may also include the provision of secondary and tertiary levels of care. Health care can be defined as either public or private.”

While narrating the difference between healthcare and sickness care in “Healthcare vs Sicknes Care: What’s the difference?” published by wholefamilychiropractic.com narrates that,

“Healthcare is about preventing illness and maintaining good health. It includes a variety of practices and treatments that are designed to keep people healthy and free from disease. Some examples of healthcare practices include vaccinations, screenings, and check-ups. These help to ensure that people are as healthy as possible and catch any potential problems early on.

What is Sickness Care?

Sickness Care is all about treating illnesses and injuries. Once a person falls ill or gets injured, sickness care is focused on providing treatment to help them recover. This can include things like medication, surgery and physical therapy. Sickness care is important, but it is an exhaustive, costly and difficult journey for many. While sickness care is important, it’s often more effective (and cheaper) to prevent illness in the first place.”

By this it is well known that instead of treating a sick person it is better “Prevention is better than cure”. In Ancient India, those luminaries used to take cognizance of the statement and introduced the preventive methods in healthcare instead of taking care of the sick people.

In another article titled “From sick care to health care” published in prenuvo.com it is clearly mentioned that, “We need to shift our mindset from sick care to health care”.

From this it is very clear that one should incorporate in healthcare, a pro active and preventive model to help that focuses on preventing issues from occurring again and again or even in the first place. This kind of proactive and preventive methods in healthcare are not knew but in Ancient India has already mentioned above the Maharshis and Acharyas is to believe and put into practice this method so as to make an healthy nation, so that the funds that are to be unnecessarily spent on healthcare by the authorities can be minimized. In addition the mindset of healthcare professionals is also to be changed by treating the people as patients but view them of people/human beings by successfully implementing prevention of diseases instead of curing them because with sick and unhealthy and diseases occupying the central place. There is a notion in Ancient India that,

“Prevention is better than cure.”

A golden word when it elaborates, speaks about making a person to suffer from sickness sometimes it becomes more serious, the Ancient people though instead of going to the second part of it that the method of prevention is introduced so that a person can be safeguarded from the ill effects of sickness.

In the same article, it is also mentioned that,

“Proactive health initiatives encourage patients to take their health in their own hands, allowing physicians to work together with patients to address health problems before they advance”.

It is also mentioned that,

“The subtle changes or stresses in our lives are lifestyle habits, emotional distress, poor dietary habits; in addition lack of exercise and prolonged postures that lead individuals down the path of not feeling well. Over a long period of time, this could lead to injury, illness or disease in the future.”

As already mentioned above, the sickcare come into play in an health emergency instead of the patients taking their health in their own hands by allowing physicians to work together with patients to address their health problem before they advance and become sick.

It is also mentioned in the same article that,

“The subtle changes or stresses in one’s own life or lifestyle or habits, emotional distress, coupled with poor dietary habits, lack of exercises over a long period which can be converted into injury/illness/sickness can be avoided. The sickcare model is normally best shooted only in emergency care but as already mentioned prevention is better than cure that is why in Ancient India people use to live hail and healthy for a longer period than the present environment where for everything people are dependent on healthcare professionals even for minor ailments.”

In another article **“Sickness vs Health”** written by Naveen Sharma, MD Psychiatry published in www.compcarepsych.com the author clearly narrated with regard to,

a. Navigating sickness and health in mind and body in which the author mentioned in understanding of sickness and health said that,

“Health often feels like the absence of discomfort, the ability to go about our daily lives with ease. Sickness on the other hand brings pain, limitation, and a clear deviation from our usual state”.

This is the clear cut distinction adopted by the author in the above article, in how to deal the healthcare and the sickness. The author also mentions when symptoms lack clear diagnosis they explained that,

“When physical symptoms persist without a clear explanation it is often a sign that modern medicine is still evolving.”

Though technologically we have advanced into many ways in healthcare with the introduction of robotics, machine learning, MRI scans to mention a few one could able to explain with the help of these tests and images and the physical symptoms that are available, the real position of a person regarding the sickness and the healthcare that is required. However, it is not that much easy to say but these technological advancements are designed and developed by human beings with the help of healthcare professionals means that,

“They put their heart and soul in developing those techniques instead of putting the same to prevent the sickness and diseases of persons and to attend them. However, these technological equipments though designed by healthcare professionals and engineers but are to be handled by technocrafts/technicians who may be thorough in handling the equipment but lacks in healthcare problems and how to analyze the readings to give a perfect picture of the patient.”

That is the very reason in Ancient India, the Maharshis and Acharyas use to depend themselves on observing the physical condition of the patient in addition by examining the heart beat eyes, hands and legs to determine exactly what is the physical position of the person. This we can say with authority that the results that are exhibited by the Acharyas and Maharshis are equal to the so-called advanced technological methods and results.

In convention medical practice defining Sickness and Health is nothing but the distinction between Sickness (Illness) and health often hinges on a few key factors,

Objective markers: Meaning look for measurable signs, high blood pressure reading, abnormal growth on an imaging scan, the presence of specific bacteria in a culture or elevated inflammatory markers in a blood test indicates the sickness of a person

Pathophysiology: As already mentioned above, medical diagnosis though not a full proof measure (no diagnosis, delay diagnosis, missed diagnosis) understanding or underlying biological processes that have gone aware. For example, diabetes as is presently understood as a problem with the insulin production or utilization. On the other hand, in an infection, *“it is invasion and proliferation of pathogens”*. The health or healthy person implies proper functioning of these biological systems. The other important aspect is symptom resolution meaning, *“a common goal in medicine is to elevate or eliminate symptoms through intervention methods”*. For example, *if a patient presents with a cough and fever and after procedure these symptoms resolve normally one will understand that these symptoms to have moved from a state of illness to health”*.

Though this type of models are effective, from infectious diseases to injuries and even in many chronic illnesses, this type of symptoms resolutions is normally allowed for targeted treatments, predictable outcomes and clear framework for diagnosis and recovery.

On the other hand in the same article the author mentioned about Sickness and Health in mental health perspective,

“The concepts of sickness and health are equally vital but often more nonsense. Sickness in mental health is often unacceptably and incorrectly attributed and labeled as crazy. This misconception fuels stigma and ostracization. Sickness in mental health never means crazy, it always refers to the symptoms that are causing the person to have difficulty in functioning like they want to”.

The relationship between healthcare and sickness has evolved through centuries, shaped by generational shifts in philosophy, technology, and cultural perception. Indian traditional knowledge on sickness is deeply rooted in holistic and philosophical frameworks, primarily encapsulated by the ancient system of Ayurveda as well as other regional traditions such as Siddha. Ayurveda, which has been practiced for over 5,000 years, views health as a dynamic state of balance between the body, mind, spirit, and environment. Ayurvedic theory is built around the concepts of the three doshas (Vata, Pitta, and Kapha), which represent combinations of elemental energies. Illness is understood as the result of imbalances between these doshas, influenced by lifestyle, diet, emotions, and environmental factors. Diagnosis involves close observation through all five senses and considers not just the physical symptoms but also the patient’s constitution (“prakriti”) and mental state.

Classical texts such as the Charaka Samhita and Sushruta Samhita are foundational to Indian traditional medical knowledge. The Charaka Samhita focuses on internal medicine, describing over 500 medicinal plants and outlining principles for diagnosis, prevention, and therapy based on restoring doshic balance. The Sushruta Samhita, meanwhile, is renowned for its surgical innovations, detailing more than 700 botanical medicines as well as surgical instruments and techniques for procedures such as wound management and plastic surgery. Indian traditional knowledge does not view sickness solely as a physical issue but connects disease to moral and spiritual health.

From an article titled *“Ayurveda-Indian System of Medicine”* emphasizes that, Ancient texts such as the Atharvanaveda linked health practices to both longevity and ethical living, with disease sometimes attributed to unwholesome lifestyle or karmic consequences. Yoga, meditation, and rituals were integrated into daily routines to maintain holistic well-being. Preventive health was emphasized through practices like daily regimens (Dinacharya), seasonal routines (Ritucharya), dietary guidelines, hygiene, and use of medicinal plants like neem

and turmeric for their antiseptic and immunomodulatory properties. Rituals honoring deities such as Sheetal Mata underscored the importance of community-level disease prevention and environmental cleanliness.

In another article titled “*The History of Medicinal Plants from Indian Ancient Remedies to Modern Pharmacology*” it has analyzed that, the Siddha system, especially prevalent in southern India, predates even Ayurveda in some regions. It emphasizes prevention over cure, using herbal, mineral, and animal-derived formulations for long-term health maintenance. Both Ayurveda and Siddha illustrate a meticulous approach to classification and empirical knowledge of medicinal plants—Charaka documented 526 and Sushruta 395, with these lists serving for both therapy and pharmacological discovery. Today, over 70% of India’s population still utilizes traditional medicinal knowledge, often in conjunction with allopathic medicine. There is an increasing drive for scientific validation and integration of these traditional practices into modern healthcare, as they offer valuable insights into disease prevention, lifestyle management, and holistic healing.

DISCUSSIONS AND ANALYSIS:

Mahatma Gandhi, the father of the Nation (India) mentioned that,

“It is health that is person’s real wealth but not piece of Gold and Silver”.

As mentioned in Vedas,

“Pranayamaat Pustihi Gotrasya Stejo Yashobalam”

It means,

with Pranayama, Body gets strength, vigor and concentration.

If these things are developed by Pranayama, the diseases are ailments are afraid of coming nearer to you,

1. Drussena Saradaam Satam
2. Sunyama Saradaam Satam
3. Prabhavama Saradaam Satam
4. Adhinaa Syama Saradaah Satam
5. Bhuyama Saradaah Satam

Means,

“One has to live for Hundred Years”

How?

With good habits like See Good, Hear Good, Speak Good and Live with Integrity

“A Healthy body is the dweller of sound mind”

World Health Organization (WHO), the universal body on Health defined Health as,

“State of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

Before analyzing the evolution of healthcare vs sickcare, it is necessary to discuss about the present healthcare conditions in general. It is true that the today’s designed medical system is not with any malicious intention but evolved on a logically based historical needs and in many ways the introduction of such system is remarkable success. If you go back in the history as per records in early 1900 life expectancy is only around fifty whereas in Ancient India the life expectancy is 90-100 years and in the present system today the life expectancy is 60-70.

These things so happen because technological advancement, introduction of technology in healthcare like microscope and the injectable pensulin, the scenario has changed a lot. Today an healthcare professional is able to go deed into the micro organisms of the body that is causing ill health and good health is one of the rarest of the rare achievements in healthcare. There is a saying that,

"I do not want to die now", clearly shows the persons intention to live longer hail and healthy. In a normal course in the present environment, the deadliest weapons that are bringing the life span to a minimum because,

"Infection, heart attack, stroke and pandemics" are ruling the faster than the ancient environment on the human's health. This is one of the reasons that the present researchers are facing and are able to penetrate to solve those problems so that the life expectancy can be increased. In a modern way by utilizing advanced technology, medical equipment and laboratories unlike in Ancient times where the Maharshis/Acharyas were used to determine the ailments/sickness of a person with the help of Nadi (heartbeat)/physical appearance/skin color/eyes/hands/limbs. However what may be the advancement in medical technology and equipment, we come across new problems though not with the ailments/sickness but we are living long enough to suffer with conditions that kill us slowly. Many advanced countries have developed protocol procedure to many of the ailments/diseases like replacement of heart, partial replacement of liver, replacement of lungs , cosmetic surgery, bariatric surgery with the help of living donors who are willing to part with their organs to the needy and also in recent developments such as Artificially manufactured Kidneys, Hearts with the available material that are very close to the natural material to replace them with defunct organs of the body so that a patient can live longer hail and healthy without sufferings.

There is a good saying where I noticed in a journal as,

"The doctor of the future will give no medicine but will instruct his patient in the care of the human frame, in diet and in the cause and prevention of disease (Thomas Edison, 1902)"

The present scenario of healthcare is

"the genesis behind the idea of healthcare, which proactively creates optimal health by preventing chronic and acute conditions from occurring in the first place. Opposed to this status quo sickcare model which reactively treats emergencies or illness".

The main difference between healthcare and sickcare is,

"Sickcare system is damaged litigation and ranges from treating chronic conditions such as, Cancer, Heart disease and diabetes to the repair of acute or life threatening situations. The goal should be to find conditions or diseases when they are a symptomatic. We need to catch a disease earlier, in its infancy before more invasive options that acquire hospitalization or surgery become the only option".

On the other hand,

"The healthcare mission has to be in the form of truly preventative care and not sickcare. The You-break and I-fix, reactive care model is an outdated paradigm and again our aim needs to be centered around prevention. Stopping or improving a current illness is imperative and achieved through closing care gaps. Prevention care necessitates and achieved through closing care gaps. Preventive care necessitates early identification of conditions before they become a health complication or life threatening. With the proper care gap reminders and help with social determinants of health measures, an individual's health overall can be managed, stabilized and at times, adverse events can be avoided", (www.resources.papa.com)

In this context, it is but necessary to discuss about,

"Disability, disease, sickness and illness". Though these words sounds similar but each is distinct from the other such as,

"A disease may make you eligible for a critical illness policy payout."

On the other hand,

“Disease, sickness and illness those are the words used in healthcare are different as far as the meaning of the words are concerned.”

In one dictionary, they said,

“Malady as a disease or ailment, but where as in the another source with another meaning namely, A Problem with in a system or organization”.

Though all these meaningful words are different from each other one can conclude,

“Dysfunction within the holistic bio psychological moral of illness each taking a different perspective”; Merriam-Webster Dictionary suggests the meaning as,

“An unwholesome or disordered condition”.

One of the famous exponents of healthcare, Berbard Gert suggests that,

“a genus term that includes a species: diseases, disorders, injuries, allergies, illnesses etc., and can be taken as meaning that something is wrong with the person. It provides a definition of malady that includes the following features: it is a condition of the individual, it involves significantly increased risk of suffering nontrivial harms, and there is no distinct sustaining cause.”

While discussing the difference between many words that are being used in healthcare regarding illness, sickness, disease, disability, the most common thing is a person’s health has a difference between the suffering and before suffering.

A common example is headache that disrupt normal daily routine of a person.

When a person feels the headache, he thinks that he is unwell/sick but the illness part of does not persist; so to say a person getting headache one or two hours in a day can be labeled as illness? If so, a women getting during menstrual period roughly in a month’s time headache will be longer than one or two hours can we label her sickness?

That means except the headache during the menstrual period, in the absence of a disease can it be labeled sick or ill. At a nutshell, in a patient’s perspective the diagnostic process/procedure should identify the cause of a problem not only the factors that can be utilized as factors to treat. In this context one should allow the healthcare professional to decide and rectify or remove, the discomfort without naming it because every patient in their anxiety the first question they put is,

“What is the diagnostic report?”

Another description of disease from defining **“health” and “disease”** by Marc Ereshefsky,

“a type of internal state which is either an impairment of normal functional ability i.e. a reduction of one or more functional abilities below typical efficiency or a limitation on functional ability caused by the environment”.

On the other hand,

Bjorn Hofmann, in a review of disease, illness and sickness, agrees that,

“There is substantial agreement that physiological, biochemical, genetic and mental entities and events are the basic phenomena of disease, and most definitions contend that disease can be observed, examined, mediated and measured and is objective in this sense. It is also the target of health professionals who want to classify, detect, control, and treat disease, ultimately in order to cure”.

According to Talcott Parsons 1952, developed a concept with respect to sickness and emphasized that the patient should have a moral responsibility to recover from it by taking into cognizance,

1. The person is not fault; they are not morally responsible for their condition, but they have a moral responsibility to recover from it;
2. The person is exempted from their usual social obligations (work, looking after children etc) and is expected to exempt themselves;
3. The person is expected actively to seek help and follow the advice of healthcare professionals.

Finally, to conclude in the same article titled, “**disease, illness, sickness, disability**” made an analysis of the four words disease, illness, sickness, disability describes a persons Malady from four different perspectives, such as

I quote,

1. An objective, publicly demonstrable perspective – disease
2. A subjective person-centred perspective – illness
3. A societal, collectively determined cultural perspective – sickness
4. A functional perspective which is externally observable but is valued independently by the person and by society – disability.

To conclude we cannot say that one overwrites the other are equal to other but,

An healthcare professional should have a judicious selection, observation keeping in mind the environment that is prevailing the mental condition of the patient and the way of life he leads.

To conclude,

Whether we are in Ancient India or in technologically advanced environment of today, the primary objective is to bring a person to normalcy from the present condition whatever name you may put. This is only possible only by cultivating, the human touch and human feeling, which is an age old practice in India where one to one practice is prevalent should be kept in mind. Not an amount of technology, equipment, procedures can overtake the concepts of human touch and human feeling that plays an important role for an healthcare professional and the patient because one is a take giver and other is take receiver.

CONCLUSION

Globally many of the countries dealing with the problem of aging population, thus it necessitates the respective government to give priorities of healthcare systems prevailing in those countries to help such seniors to live for a full length of life with comfort in their dwellings. Hence, before anybody falls it, it is the responsibility of any government of the country because health is in priority list to design such kind of healthcare procedures to attend the population before they fell sick; as already mentioned previously prevention is better than cure. This phenomena is not akin to develop and underdeveloped countries but also underdeveloped nations. In this regard, many advanced countries like America have began offering programs such as Consumer Directed Personal Assistant Program to allow family members to take care of their loved ones without giving up their entire income.

It necessitates to change the mindset of persons in helm of affairs in healthcare to shift their priorities from sickcare to healthcare by introducing proactive and preventive models to healthcare, inturn that focuses on preventing issues from occurring again and again. This concept of proactive and preventive health is not a new phenomena but is a age old practice especially in Ancient India and we have the legacy of such programs. In this regard for any nation in their healthcare system, they should make shift towards proactive health, it is necessary to move away from treating people as patients instead view them as people with full lives is not that much easy

but involves multifaceted approach that effects all factors in an individuals' life, taking into their medical history, socio economic background, geography and physical environment. At a national level in any country, the respective government and the present healthcare system in that country must view health through this wider lens and not focus solely on the health issue that an individual experiencing. Such programs involve huge investments and individuals cannot take it, so that the respective government of that countries step into the programs but one can be assured that the outcome will be more worth than they spent. This program of proactive mentioned above will encourage to take their health into their own hands, allowing healthcare professionals to work together with the patients to address such problems of the patients before they enlarge into out of boundaries. In addition the subtle changes or stresses in one's lives are changes in lifestyle habits, emotional distress due to environmental facts, poor dietary habits, lack of exercise and their practical approach to their daily needs will drag such situations of an individual down the path of not feeling well. If such situation prolonged to a longer period of time could lead to injury, illness or disease. As already mentioned when compared to healthcare and sickcare, the sickcare model is best suited for emergency care and proper care is taken the results will be extraordinary. That is why it is always better to have an healthcare programs to arrest such situation of sickcare so that one can live in his/her full life time without any difficulty. I have discussed at length in the previous paragraphs about disease, disability, sickness and illness that emanates a person's malady as disease, an objective publicly demonstratable- illness, a subject to person's entered perspective – sickness, a societal, collectively determined cultural perspective and finally disability is a functional perspective which is externally observable but is valued independently by the person and the society.

To conclude these malady's as mentioned above faced by every nation irrespective of under developed, developed and developing countries uniformly because the cause is same, prevention is same but the application may differ from country to country depending upon resources, manpower and infrastructure.

To conclude it is responsibility of every nation to introduce healthcare and sickcare programs in their respective curriculum. Finally, as Thomas Edition, 1902 mentioned,

“The doctor of the future will give no medicine but will instruct his patient in the care of the human frame, in diet and in the cause and prevention of disease.”

Might be difficult to maintain healthy lifestyle in the present fast paced world, Indian Ancient Knowledge during the periods of Acharyas, Sushruta, Charaka and mainly Maharshi Vagabhatta provides a timeless answers that are relevant even today. Of all these people Maharshi Vagabhatta in his great books called *“Astanga Hridayam and Astanga Sangraha”* mentioned about diet (eating according to with the seasons and one's dosha, mind-body concentration) realizing the close relationship between physical and mental wellness and also Maharshi believes that in everyone's life which integrates the body, mind and spirit by incorporating such concepts as,

“Prevention over treatment”

Instead of treating the symptoms of disease, it is important to address their underlying cause so that the ailment or disease may be taken out of the body instead of suppressing it as is the practice nowadays.

रोग ाः सव अप ज यते वेगोदरणध रण ाः
नदटं स धनं त भूयठं ये त त न ँ त ँ २२
ततच नेकध ँ याः पवन यक यत अनप
नौषधं तय य जीत तो अन लोमनम ँ २३

All diseases are caused due to

Vegodeerana – initiation of urges forcefully

Vegadhaarana – Suppression of naturally initiated urges.

For those common diseases arising from these acts, specific treatments have been counted so far. By disturbing the nature, it is Vata that is mainly vitiated. Hence the symptoms arising from suppression of natural urges could

be treatment with food and treatment which clear the passages of Vata and help in restoring Vata's natural movement direction.

REFERENCES:

1. Healthcare is not about Health – James O Woolliscroft, Larry D Gruppen, Jasna Markovac, Edward F.Meehan – FASEB BioAdvances Wiley
2. Focusing on Healthcare Instead of “Sick Care” – www.resources.papa.com
3. Radio Listeners Nationwide Discover “Healthcare vs Sickcare” benefits of MDVIP – www.mdvip.com
4. Prehistoric medicine- Wikipedia
4. Illness and health in Ancient World – Angela Cushing – Science Direct – www.sciencedirect.com
5. 5 Ancient diseases and what the ancients said about them – Maya Prabhu – Vaccines Work – www.gavi.org
6. From Sick Care to Healthcare: Reengineering Prevention into the U.S. System – Farshad Fani Marvasti, MD, MPH, Randall S. Stafford, MD, PhD – NIH Public Access
7. From Sick Care to Healthcare – www.prenuvo.com
8. Healthcare – Wikipedia
9. Sickness vs Health – www.compcarepsych.com – Naveen Sharma, MD Psychiatry
10. From Sick-Care to Well-Care: Pragmatic Solutions to Build Resilient Populations Today – Daniella Foster – www.jia.sipa.columbia.edu
11. Disease, illness, sickness and disability – www.rehabilitationmatters.com