



Synchronising AYUSH and Modern Medicine

This editorial is based on “[A Dialogue Among Healers](#)” which was published in Indian Express on 11/03/2024. The article elucidates the necessity for modern medicine and AYUSH practitioners to collaborate and transition towards integrated medicine for the betterment of patient care.

For Prelims: [AYUSH](#), [World Health Organization \(WHO\)](#), Global Traditional Medicine Summit, Ayurveda, Homoeopathy, [Cancer](#)

For Mains: Initiatives Related to AYUSH, Importance of Traditional Medicine

Modern medicine practitioners are being urged to be more open to working with traditional or alternative systems of medicine ([AYUSH](#)), and to move towards an integrated medicine for the larger good of the patients. While it is appealing in principle, it would be good to examine the practical issues involved. Depending on the level of integration, various scenarios of existence for these two systems of therapy can be explored.

Meanwhile, the production of AYUSH medicines and supplements has seen exponential growth. Revenue has surged from USD 3 Billion in 2014 to USD 18 Billion in 2020. Anticipated growth to USD 24 billion in 2023 showcased its financial impact. Apart from this, AYUSH-based health and wellness centres garner significant response as there are 7,000 operational centers and 8.42 crore patients availed services as of 2022. It is also witnessing increased integration in modern healthcare systems.

Note

The positive features of the traditional systems of medicine include, namely:

- Diversity and Flexibility;
- Accessibility;
- Affordability,
- A Broad Acceptance by a Large Section of the General Public;
- Growing Economic Value,
- Have great potential to fulfill the healthcare needs of our people.

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AYUSH Systems of Medicine

AYUSH encompasses Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa, and Homeopathy, with Ayurveda having a documented history of 5000+ years.

Ayurveda

- ↳ **Samhita Period (1000 BC):**
Emerged as mature medical system
 - ↳ **Charaka Samhita:** Oldest and most authoritative text
 - ↳ **Sushruta Samhita:** Gives fundamental principles and therapeutic methods in eight specialties
- ↳ **Main Schools:**
 - ↳ **Punarvasu Atreya** - School of physicians
 - ↳ **Divodasa Dhanvantari** - School of surgeons

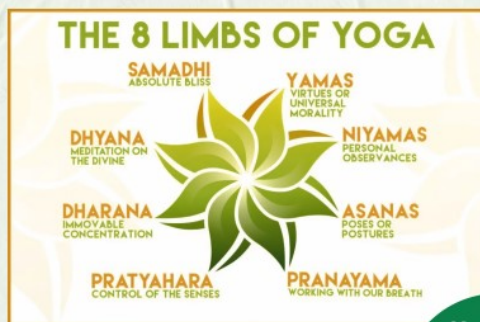
Lord Brahma is believed to be the 1st proponent of Ayurveda

Branches of Ayurveda:

- | | |
|----------------------------------------------------------|--------------------------------------------------|
| ■ Kayachikitsa (internal medicine) | ■ Agada Tantra (toxicology) |
| ■ Shalya Tantra (surgery) | ■ Bhootavidya (psychiatry) |
| ■ Shalakyata Tantra (disease of supra-clavicular origin) | ■ Rasayana Tantra (rejuvenation and geriatrics) |
| ■ Kaumarabhritya (paediatrics) | ■ Vajikarana (eugenics & science of aphrodisiac) |



Yoga & Naturopathy



Yoga first propounded by Maharishi Patanjali in systematic form Yogsutra

- ↳ **Naturopathy:** Healing with help of 5 natural elements - Earth, Water, Air, Fire and Ether
 - ↳ Based on theories of self-healing capacity of body and principles of healthy living
 - ↳ Encourages a **person-centred approach** rather than disease-centred

Unani

Pioneered in Greece, developed by Arabs as 7 principles (Umoor-e-Tabbiya)

- ↳ Based on the framework of teachings of **Buqrat** (Hippocrates) and **Jalinoos** (Galen)
 - ↳ Hippocratic theory of **four humors** viz. blood, phlegm, yellow bile, and black bile
- ↳ **Recognised by WHO** and granted official status by India as an alternative health system

Siddha

Dates back to 10000 – 4000 BC; Siddhar Agasthiyar - Father of Siddha Medicine

- ↳ Preventive, promotive, curative, rejuvenative, and rehabilitative health care
- ↳ **4 Components:** Latro-chemistry, Medical practice, Yogic practice & Wisdom
- ↳ Diagnosis based on 3 humors (**Mukkuttram**) and 8 vital tests (**Ennvagai Thervu**)

Sowa Rigpa

Origin: Lord Buddha in India before 2500 years

- ↳ Traditional medicine in Himalayan regions of Ladakh, Himachal Pradesh, Arunachal Pradesh, etc.
- ↳ Recognised in India by Indian Medicine Central Council Act, 1970 (As amended in 2010)

Homeopathy

German physician Dr. Christian F. S. Hahnemann codified its fundamental principles

- ↳ Medicines prepared mainly from natural substances (plant products, minerals, animal sources)
- ↳ Brought in India by European missionaries - 1810; official recognition - 1948
- ↳ **3 Key Principles:**
 - ↳ *Similia Similibus Curentur* (let likes be cured by likes)
 - ↳ Single Medicine
 - ↳ Minimum Dose



What are the Different Possible Hybrid Models of Modern and AYUSH Medicines?

Acknowledging the potential hybrid scenarios, they will be referred to as **competitive, coexistent, and cooperative** for the sake of simplicity.

- **Competitive Model:**
 - In this model, the two systems of medicine exhibit rivalry. While individual practitioners can always do as they please, however, name-calling will also occur at the systems or professional association level.
 - Professional associations/councils will take a stand against each other and initiate litigation. Both systems will compete to get patients to their system by pointing out their strengths and other systems' weaknesses.
 - These could be related to effectiveness, side-effects of their products and extraneous factors like commercialism. In short, "all is fair in a war".
- **Co-existence Model:**
 - In the "coexistence" model, **each recognises the legitimacy of the other systems and opts for clear boundaries** to ensure that they coexist without encroaching on others' domain or realm.
 - Most modern practitioners would let patients decide whether they want to take AYUSH treatment. They would advise the patients to continue the medicines or accept responsibility for their discontinuation. If AYUSH is effective, then the medicine dose will automatically be reduced.
 - Ayurveda and homoeopathy practitioners usually ask that the patients stop their modern medicines if they want to initiate their therapy. In this model, these practitioners could be co-located at a facility, with each therapy having a separate system. However, there is no mutual referral.
- **Cooperation Model:**
 - The "cooperation" mode is the ideal integrative medicine model where the two streams acknowledge what is good in the other system and work jointly as a team to deliver the best possible care to the patient. This has the potential to improve the preventive and promotive component in modern medicine which is much too medicine-focused.



What are the Different Challenges in Adopting the Hybrid Models?

- **Trust Deficit Between the Two Groups:**
 - There have been many instances of patients who were well or ill-controlled on one therapy, switched to the alternative treatment, and end up worsening or improving their disease.
 - Most of these are anecdotal evidence and can be quoted to justify whatever point of view one holds. This is worsened by claims of an effective cure for [diabetes](#) or [cancer](#) by AYUSH proponents without adequate evidence to support it.
- **Existing Technical Challenges:**
 - The technical challenge is that AYUSH is a heterogenous group and each of these therapeutic disciplines must be dealt with separately and would need a different decision.

Increasing evidence available on the effectiveness of yoga for the management and prevention of different health conditions has resulted in its growing acceptance among modern medicine practitioners.

- It is the prescription of medicines (ayurveda/homoeopathy) which will remain a bone of contention. For instance, there are apprehensions that the dosha-based management, proposed by Ayurveda, will work effectively with the standard management protocols that are being pushed in modern medicine.

Note

Dosha-Based Management:

- Dosha-based management is a **holistic approach to healthcare rooted in Ayurveda, a traditional Indian system of medicine**. It involves identifying an individual's unique constitution, or prakriti, which is determined by the balance of three fundamental energies or doshas: Vata, Pitta, and Kapha.
- Based on this assessment, personalized recommendations are made regarding diet, lifestyle, and herbal remedies to maintain or restore the balance of these doshas, promoting health and preventing disease.
- **Operational Challenges:**
 - In terms of operational challenges, for a team-based approach to work, the team members must know their own limitations and acknowledge others' strengths in that area. Modern medicine practitioners have no idea of the AYUSH streams and cannot make an informed decision in this regard.
 - They will have to accept at face value what AYUSH practitioners are saying, which is difficult given the trust deficit. Patients themselves are not informed enough to take these decisions and leaving it to them to decide is not appropriate.
- **Challenges in Regulation:**
 - The most challenging aspect of this integration would be its regulation. Many modern practitioners prescribe some ayurvedic pills without understanding their method of action. This is not acceptable, and in conformity, AYUSH practitioners also should not practise modern medicine.
 - While this appears reasonable, its enforcement is currently very weak. These areas fall under the jurisdiction of respective professional councils. Unfortunately, councils have failed to inspire confidence in seeking professional accountability.

What are the Suggestions for Integration of Two Types of Medicines?

- **Ensuring Availability of Better Evidence:**
 - The first step is to get better evidence for AYUSH treatments. Only this can bridge the trust deficit. Also, use this opportunity to weed out ineffective treatments in AYUSH. If evidence is available, it might be possible to build composite standard treatment guidelines that combine the best of the two streams.
 - However, the evidence benchmark applicable to modern medicine must apply equally to AYUSH therapies. This has been one of the major fault lines in this debate. If looked at the evidence without being influenced by extraneous considerations, a consensus could be arrived for certain chronic conditions. These could be a good starting point for a larger discourse.
- **Teaching Streams of AYUSH to Modern Practitioners and Vice Versa:**
 - Ayurveda courses teach some modern medicine concepts. Should MBBS students also be taught all AYUSH subjects? The MBBS curriculum as such is quite heavy with never-ending pressure to put greater emphasis on certain subjects.
 - Adding AYUSH subjects to MBBS will worsen the situation. One way is to not have exams in these subjects or make them optional. However, there is a good possibility that they will not be read at all, and the objective would not be served.
- **Adopting a Good Regulatory Framework:**
 - A good regulatory framework that establishes rules/guidelines for collaboration,

communication, and referral between practitioners of different modalities, ensuring coordinated and safe care for patients with clear articulation of accountability is much needed. It would need to define acceptable interventions and modality of its determination.

- Other regulatory issues would be related to insurance payouts, compensations, quality of medicinal products and medicines. This could be within the health technology assessment framework already available in India.

▪ **Need for Integrating Modern Medicine Practices in National Ayush Mission (NAM):**

- Integrating the [National Ayush Mission](#) with modern medicine practices can enhance healthcare delivery in several ways:
 - Ayush systems focus on holistic health, considering physical, mental, and spiritual aspects, which can complement the disease-centered approach of modern medicine.
 - Ayush emphasizes preventive healthcare through lifestyle modifications, dietary changes, and natural therapies, reducing the burden on modern healthcare systems.
 - Integration provides patients with a wider range of treatment options, allowing for personalized care based on individual preferences and conditions.

What is the National Ayush Mission?

▪ **Launch:**

- Launched in September 2014 by the Department of AYUSH under the Ministry of Health and Family Welfare, during the 12 Plan for implementation through States/UTs.
- Now, it is being implemented by the Ministry of Ayush.

▪ **About:**

- The scheme involves expansion of the AYUSH sector to promote holistic health of Indians.
- The Mission addresses the gaps in health services through supporting the efforts of State/UT Governments for providing AYUSH health services/education in the country, particularly in vulnerable and far-flung areas.

▪ **Components of the National AYUSH Mission:**

◦ **Obligatory Components:**

- AYUSH Services.
- AYUSH Educational Institutions.
- Quality Control of ASU&H (Ayurveda, Siddha and Unani & Homoeopathy)
- Drugs.
- Medicinal Plants.

◦ **Flexible Component:**

- AYUSH Wellness Centres comprising Yoga and Naturopathy,
- Tele-medicine,
- Innovations in AYUSH including Public Private Partnership,
- IEC (Information, Education and Communication) activities,
- Voluntary certification scheme: Project based, etc.

▪ **Expected Outcomes:**

- Better access to AYUSH healthcare services through increased healthcare facilities and better availability of medicines and trained manpower.
- Improvement in AYUSH education through a well-equipped enhanced number of AYUSH Educational institutions.
- To focus on reducing communicable/non-communicable diseases through targeted public health programmes using AYUSH systems of Healthcare.

What are the Schemes Related to AYUSH?

- [National Ayush Mission.](#)
- [New Portals on Ayush Sector.](#)
- [AYUSH Entrepreneurship Programme.](#)
- [Ayush Wellness Centers.](#)

- [ACCR Portal and Ayush Sanjivani App.](#)

Conclusion

The integration of modern medicine with traditional AYUSH practices holds immense potential for enhancing healthcare delivery. While the competitive model may lead to rivalry and name-calling, the coexistence model allows for mutual recognition and clear boundaries. However, the cooperation model, where both systems work together, is the ideal approach, though it presents challenges such as trust deficit, technical compatibility, operational coordination, and regulatory issues. Moving forward, bridging the evidence gap for AYUSH treatments, ensuring regulatory frameworks for collaboration, and promoting evidence-based practices can pave the way for a more integrated and effective healthcare system.

Drishti Mains Question:

How can the integration of AYUSH and Traditional Medicines with Modern Medicine improve healthcare delivery and patient outcomes in India?

UPSC Civil Services Examination, Previous Year Question (PYQ)

Mains

Q. How is the Government of India protecting traditional knowledge of medicine from patenting by pharmaceutical companies? **(2019)**

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