

J-AIM: A welcome step

Dear Sir,

Starting the *Journal of Ayurveda and Integrative Medicine* is a welcome step in promoting the reality of pluralistic systems of medicine in national health policies around the world. It is unfortunate that, in western medicine the term “health” does not figure with any preponderance. The influence of this outlook on Ayurveda has been equally unfortunate. Although, in its origin, Ayurveda is the “Science of Life” – and the art of increasing lifespan (longevity), in practice it is identified clinically as a system of prescribing herbal medicine, and techniques such as panchakarmas. Like western medicine, it is becoming a big business, supporting an industry.

The content of the journal was worthy of comment. The main Editorial came out well,^[1] and the Thought Leadership Articles from senior members of the editorial board were interactive – a good feature, making them worthy of comment. Here are more detailed observations.

In order to popularize the use of “pluralistic medicine,” rather than accepting the term, “alternative medicine,” the proposal for evolving different models of Integrative Medicine^[2] in different societies and social settings is constructive. In light of this proposal, the “mainstream,” or pivot, may differ from nation to nation, or from society to society. Globalizing this idea, starting from the Indian context, is a positive way to set about this task. Here, the proposal that in India Integrative Medicine (IM) should be pivoted on Ayurveda is good,^[2] the predominance of “Allopathy” over the last century notwithstanding. The Department of Ayurveda, Yoga, Unani, Siddha and Homeopathy (AYUSH), would certainly be an appropriate organization to promote IM pivoted on Ayurveda.

A possible direction to follow in developing a model for IM is provided in the paper by no less a scientist than Rustum Roy^[3] (good to see one of India’s great scientists supporting the journal). His many excellent points should be noted. He rightly notes close correspondences between Ayurveda and the work of Ornish,^[4] and the value of pursuing the application of Ayurveda against chronic disease, a topic covered in more detail in another Thought Leadership Article.^[5]

Chronic disease management including prevention certainly provides an excellent opportunity for developing IM in such circumstances. The birth of the western concept of “alternative medicine” (so-called) was mostly the result

of large-scale failures of “allopathy” in managing chronic diseases.^[6] Although secondary preventive measures have reduced suffering and mortality from such pathologies, and their practice may have reduced prevalence, allopathy has failed to impact incidence or occurrence of new cases.^[7]

In addition to holistic herbal medicines, not just their active principles or ingredients, healthy lifestyle promotion, including necessary adjustments, need advocacy, and community-based experimentation.^[3,4] The need for translating between Ayurvedic and scientific terminologies to create mutual understanding, and so on, was correctly described. How to “decode Ayurveda” in this context?^[5]

The question of developing scientific correspondences is vital,^[8,9] as is the need for scientifically well-trained personnel within the Ayurveda community. The concept of Vaidya-Scientist is a good one,^[10] but their possible roles should extend beyond what Vaidya lists,^[10] and include health promotion, yoga, diet, epidemiology, and scientific approach, etc. J-AIM must include more medical sciences: epidemiology, public health, demography, biostatistics, etc.

There may be over 700,000 vaidyas practicing, but little documentation or meaningful records of clinical practice and outcomes are kept, e.g., preparations such as Chyavanprasha have been used for millennia; but we have no data or information, which will stand scientific scrutiny, nor records of any kind of clinical trials, or of acceptable alternatives to them. Of course, the effectiveness of such medications has to be measured in Ayurvedic terms, as Gangadharan rightly emphasized^[11] in his discussion of quality aspects and standardization issues. His point that “nuances in Ayurveda have to be deeply studied in order to achieve appropriate ‘Gold Standards’” applies to every area of the system, not just Dravyaguna, which brings us to the question: how many of these lakhs of vaidyas are really practicing Ayurveda? If many are not, then why?^[12] What is the solution – IM, and to respect tradition more deeply!^[12]

As Shankar suggests,^[2] it is imperative that the sophistication of Ayurveda theory and clinical practice be promoted. I strongly feel that IM should officially be put to use in primary healthcare, particularly in rural settings. Ayurveda and other indigenous systems should play basic, vital roles in the treatment of minor ailments, which are not only common, but self-limiting and self-curing. Here, health aspects of Ayurveda should be strongly advocated, and

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practices like yoga and healthy lifestyles and dietary habits should be inculcated in education.

Yoga is usually taught separately, often without being recognized as being a valid aspect of Ayurvedic practice. As stated, Ayurveda should be outward looking and interactive,^[2] rather than assuming that is already a complete science. Certainly, it cannot sacrifice its basic integrity. China provides a successful, country-specific model of IM. How can country-specific models of Ayurveda-based IM be generated? Will the Department of AYUSH be willing to help achieve this purpose? Will it interact with the Health Department? And if so how?

Often, otherwise good articles failed to discuss management, containment, and prevention of diseases, especially chronic, disabling ailments, though correct mention of the role of IM and its possible impact may have been given. In the past, Ayurveda was a continuously evolving knowledge system. For the last two centuries, the system has become stagnant.^[2,13] Today's innovations are dominated by Ayurvedic drug manufacturers' commercial exploitation, yoga spas, and other sophistications. The vision of an IM allowing Ayurveda to play the role of gate keeper will certainly set the discipline back on the track of creative innovation currently dominating western healthcare. A good start indeed! I wish J-AIM every success in its contribution to developing IM systems the world over.

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